

**FEC  
FORM 3P****REPORT OF RECEIPTS  
AND DISBURSEMENTS**BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. **NAME OF COMMITTEE** (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

JEB 2016, INC.

ADDRESS (number and street)

P.O. BOX 440669

Check if different  
than previously  
reported. (ACC)

MIAMI

CITY

FL

STATE

33144

ZIP CODE

2. **FEC IDENTIFICATION NUMBER** ▶

C

C00579458

3. **THIS REPORT IS FOR** Primary ☐ or General ☐4. **TYPE OF REPORT** (Choose One)Check here if this is a Termination Report (TER) ☐Quarterly Reports:Monthly Reports:

- ☐ April 15 (Q1)   ☐ October 15 (Q3)   ☐ Feb 20 (M2)   ☐ May 20 (M5)   ☐ Aug 20 (M8)   ☐ Nov 20 (M11)  
☐ July 15 (Q2)   ☒ January 31 Year-End Report (YE)   ☐ Mar 20 (M3)   ☐ Jun 20 (M6)   ☐ Sep 20 (M9)   ☐ Dec 20 (M12)  
☐ Apr 20 (M4)   ☐ Jul 20 (M7)   ☐ Oct 20 (M10)   ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Electionon  /  / ☐ Twelfth day report preceding  electionon  /  /  in the State of 

Is this Report an Amendment?



yes



no

5. **Covering Period** /  / 

through

 /  / 

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

WILLIAM SIMON

Signature of Treasurer

WILLIAM SIMON

[Electronically Filed]

Date

 /  / 

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  
All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

Write or Type Committee Name

**JEB 2016, INC.**

Report Covering the Period:

From:

M M  
10D D  
01Y Y Y Y  
2015

To:

M M  
12D D  
31Y Y Y Y  
2015**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	10271129.09
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	7107370.17
8. SUBTOTAL (Lines 6 and 7) .....	17378499.26
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	9788641.23
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	7589858.03
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	155989.19
13. EXPENDITURES SUBJECT TO LIMITATION .....	0.00

**NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES**

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	31817866.96
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	24228008.93

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3P (Rev. 03/2011)

PAGE 3 / 5419

NAME OF COMMITTEE (in Full)

JEB 2016, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	6624129.97	29634499.82
(ii) unitemized .....	400257.21	1644879.94
(iii) Total contributions .....	7024387.18	31279379.76
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	69700.00	205017.05
(d) The Candidate .....	0.00	388720.15
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	7094087.18	31873116.96
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	13282.99	48982.91
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	13282.99	48982.91
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	7107370.17	31922099.87

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

PAGE 4 / 5419

NAME OF COMMITTEE (in Full)

JEB 2016, INC.

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 / 01 / 2015

To:

M M / D D / Y Y Y Y  
12 / 31 / 2015**II. DISBURSEMENTS****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

23. OPERATING EXPENDITURES.....	9747041.23	24276991.84
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	41600.00	52050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	3200.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	41600.00	55250.00
29. OTHER DISBURSEMENTS .....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	9788641.23	24332241.84

**III. CONTRIBUTED ITEMS**  
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
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FEC FORM 3P,  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

C00579458

JEB 2016, INC.

ADDRESS (number and street)

P.O. BOX 440669

MIAMI

CITY

FL

STATE

33144

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 / 5419

16	<input checked="" type="checkbox"/> 17a	17b	17c	17d	18
19a	19b	20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

DR. WILLIAM T. ABARE

Mailing Address 112 HERONS NEST LN

City

SAINT AUGUSTINE

State

FL

Zip Code

32080-5853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FLAGLER COLLEGE

Occupation

COLLEGE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

**Transaction ID : SA17.170637**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MR. JOSEPH F. ABATE

Mailing Address 371 E PALM LN

City

PHOENIX

State

AZ

Zip Code

85004-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CURTIS, GOODWIN, SULLIVAN, UDALL

Occupation

GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162072**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MR. MORGAN ABELE

Mailing Address 560 ANDREW DR

City

SOUTHAMPTON

State

PA

Zip Code

18966-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PUIS, INC.

Occupation

PRESIDENT OF OPERATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161045**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2250.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

RALPH ABENDSHEIN

Mailing Address 1005 S SHEPHERD DR  
APT 406

City	State	Zip Code
HOUSTON	TX	77019-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIGHGATE POWEROccupation  
DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.162013**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

RALPH ABENDSHEIN

Mailing Address 1005 S SHEPHERD DR  
APT 406

City	State	Zip Code
HOUSTON	TX	77019-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIGHGATE POWEROccupation  
DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.162250**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MR. J. NEAL ABERNATHY

Mailing Address 2817 ADAMS OAKS LN

City	State	Zip Code
MARIETTA	GA	30062-4773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTSOccupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.173558**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2750.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MOHAMED ABOUELNAGA**

Mailing Address **1604 STONELEIGH CT**  
**APT 2013**

City **ARLINGTON** State **TX** Zip Code **76011-2756**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**SALESMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**365.00**

**Transaction ID : SA17.162834**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JANE HERSHEY ABRAHAM**

Mailing Address **8016 GREENWICH WOODS DR**

City **MCLEAN** State **VA** Zip Code **22102-1332**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170078**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW ABRAMCZYK**

Mailing Address **400 W 63RD ST**  
**APT 1503**

City **NEW YORK** State **NY** Zip Code **10069-0448**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BARCLAYS**

Occupation  
**INVESTMENT ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158970**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2360.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A.** Full Name (Last, First, Middle Initial)

MR. KENNETH S. ABRAMOWITZ

Mailing Address PO BOX 958

City

SOUTHPORT

State

CT

Zip Code

06890-0958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NGN CAPITAL

Occupation

ANALYST

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.143480

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item**B.** Full Name (Last, First, Middle Initial)

MR. KENNETH S. ABRAMOWITZ

Mailing Address PO BOX 958

City

SOUTHPORT

State

CT

Zip Code

06890-0958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NGN CAPITAL

Occupation

ANALYST

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.B158278

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)

MRS. NIRA ABRAMOWITZ

Mailing Address PO BOX 958

City

SOUTHPORT

State

CT

Zip Code

06890-0958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Transaction ID : SA17.B158277

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. NIRA ABRAMOWITZ**

Mailing Address PO BOX 958

City

SOUTHPORT

State

CT

Zip Code

06890-0958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.157609**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. NIRA ABRAMOWITZ**

Mailing Address PO BOX 958

City

SOUTHPORT

State

CT

Zip Code

06890-0958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.173291**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. NIRA ABRAMOWITZ**

Mailing Address PO BOX 958

City

SOUTHPORT

State

CT

Zip Code

06890-0958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.177408**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. NIRA ABRAMOWITZ**

Mailing Address PO BOX 958

City

**SOUTHPORT**

State

**CT**

Zip Code

**06890-0958**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.177408B**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-100.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MRS. NIRA ABRAMOWITZ**

Mailing Address PO BOX 958

City

**SOUTHPORT**

State

**CT**

Zip Code

**06890-0958**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.183880**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**DENISE ABRASH**

Mailing Address 4017 LINCOLN RD

City

**BLOOMFIELD HILLS**

State

**MI**

Zip Code

**48301-3966**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PROP ART STUDIO**

Occupation

**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.164541**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KELLIE JOHNSON ABREU**

Mailing Address **745 MARINA BLVD**

City	State	Zip Code
SAN FRANCISCO	CA	94123-1023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FIRST REPUBLIC BANK**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.154041**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KELLIE JOHNSON ABREU**

Mailing Address **745 MARINA BLVD**

City	State	Zip Code
SAN FRANCISCO	CA	94123-1023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FIRST REPUBLIC BANK**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.A154041**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**-1000.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN ABREU**

Mailing Address **745 MARINA BLVD**

City	State	Zip Code
SAN FRANCISCO	CA	94123-1023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.B163379**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**Subtotal Of Receipts This Page** (optional).....

**0.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JEFF ABRO**

Mailing Address 5541 SPRINGBROOK DR

City	State	Zip Code
TROY	MI	48098-5354

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RETAIL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161349**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JUAN F. ACEVEDO**

Mailing Address 7795 NW 114TH PL

City	State	Zip Code
MEDLEY	FL	33178-1389

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161252**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JUAN F. ACEVEDO**

Mailing Address 7795 NW 114TH PL

City	State	Zip Code
MEDLEY	FL	33178-1389

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174370**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALAN T. ACKERMAN**

Mailing Address 365 PINE RIDGE DR

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-2140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACKERMAN ACKERMAN & DYNKOWSKI

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163003**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DANA ACKERLY**

Mailing Address 2310 12TH AVE S

City	State	Zip Code
NASHVILLE	TN	37204-2432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAVIHEALTH

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.165230**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DANA ACKERLY**

Mailing Address 2310 12TH AVE S

City	State	Zip Code
NASHVILLE	TN	37204-2432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAVIHEALTH

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.172757**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN ACKERLY**

Mailing Address 1724 35TH ST NW

City  
WASHINGTON

State Zip Code  
DC 20007-2304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VITRU

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163525**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN F. ACKERMAN**

Mailing Address 525 FOREST BLVD

City  
INDIANAPOLIS

State Zip Code  
IN 46240-2513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CARDINOL EQUITY PARTNERS

Occupation  
PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158660**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KATHLEEN A. ACKERMAN**

Mailing Address 525 FOREST BLVD

City  
INDIANAPOLIS

State Zip Code  
IN 46240-2513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
COMMUNITY VOLUNTEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158630**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID ACKLEY**

Mailing Address 200 E 89TH ST  
APT 43A

City State Zip Code  
NEW YORK NY 10128-4308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BTS USA, INC.

Occupation  
MGMT CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.179097**

Date of Receipt

M M / D D / Y Y Y Y  
12 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LYDIA ACOSTA**

Mailing Address PO BOX 291327

City State Zip Code  
DAVIE FL 33329-1327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NOVA SOUTHEASTERN UNIVERSITY

Occupation  
LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.181503**

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. RUBEN ACOSTA**

Mailing Address 1600 E GRIMALDI PL

City State Zip Code  
TUCSON AZ 85737-3437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165635**

Date of Receipt

M M / D D / Y Y Y Y  
11 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. RUBEN ACOSTA**

Mailing Address 1600 E GRIMALDI PL

City  
**TUCSON**

State  
**AZ**

Zip Code  
**85737-3437**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.170887**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CANDY ADAMS**

Mailing Address 808 PYRENEES DR

City  
**SOUTHLAKE**

State  
**TX**

Zip Code  
**76092-1319**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163310**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CARL CARL ADAMS**

Mailing Address 1446 LLOYDS COVE RD

City  
**TALLAHASSEE**

State  
**FL**

Zip Code  
**32312-9687**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.172519**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**700.00**

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MR. CARL CARL ADAMS**

Mailing Address 1446 LLOYDS COVE RD

City	State	Zip Code
TALLAHASSEE	FL	32312-9687

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179771**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****JAMES ADAMS**

Mailing Address 635 GOODRICH AVE

City	State	Zip Code
SAINT PAUL	MN	55105-3522

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
THE TRAVELERS COSOccupation  
INVESTMENT MGR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171026**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****JENNIFER ADAMS**

Mailing Address 1200 STONNELL PL

City	State	Zip Code
ALEXANDRIA	VA	22302-3128

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159536**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 21 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY D. ADAMS**

Mailing Address 1200 STONNELL PL

City

ALEXANDRIA

State

VA

Zip Code

22302-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INSTITUTE OF INTERNATIONAL FINANCE

Occupation

CEO

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159537**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TOM ADAMS**

Mailing Address 5019 LOWELL ST NW

City

WASHINGTON

State

DC

Zip Code

20016-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WORKAROUND

Occupation

CEO

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163024**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOE ADEEB**

Mailing Address 10645 PHILIPS HWY  
BLDG 200

City

JACKSONVILLE

State

FL

Zip Code

32256-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BONO'S PIT BBQ

Occupation

OWNER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170625**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. MIRIAM ADELSON**

Mailing Address 3355 LAS VEGAS BLVD S

City  
LAS VEGAS

State Zip Code  
NV 89109-8941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHILANTHROPIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166594**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SHELDON G. ADELSON**

Mailing Address 3355 LAS VEGAS BLVD S

City  
LAS VEGAS

State Zip Code  
NV 89109-8941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SANDS LAS VEGAS CORP.

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166584**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN B. ADEN**

Mailing Address 11329 PEMBROOK CIR  
STE 9-68

City  
BENTONVILLE

State Zip Code  
AR 72712-9144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162315**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☐ Memo Item

**CHARGED BACK**

**Subtotal Of Receipts This Page (optional)**.....

4900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN ADGER**

Mailing Address 2217 FAIRVIEW ST

City

HOUSTON

State

TX

Zip Code

77019-6615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RR DONNELLEY

Occupation

PRINT SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.162588**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN ADGER**

Mailing Address 2217 FAIRVIEW ST

City

HOUSTON

State

TX

Zip Code

77019-6615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RR DONNELLEY

Occupation

PRINT SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.164167**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. YOLANDA H. ADREAN**

Mailing Address 744 CONWAY GLEN DR NW

City

ATLANTA

State

GA

Zip Code

30327-3601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CITY OF ATLANTA

Occupation

CITY COUNCIL MEMBER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174760**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VIJAY ADVANI**

Mailing Address 484 WALSH RD

City

ATHERTON

State

CA

Zip Code

94027-6459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FRANKLIN RESOURCES, INC.

Occupation

CO-PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161571**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS J. AFRICANO**

Mailing Address 1420 N LAKE SHORE DR  
APT 5B

City

CHICAGO

State

IL

Zip Code

60610-6689

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LAKE ANESTHESIA ASSOCIATES

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158944**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ARAM J. AGAJANIAN**

Mailing Address 52 HILLIS TERRACE

City

POUGHKEEPSIE

State

NY

Zip Code

12603-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUNY NEW PALTZ

Occupation

COMPUTER SERVICES

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174654**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROL LYNN AGNO**

Mailing Address 2890 E EISENHOWER PKWY

City	State	Zip Code
ANN ARBOR	MI	48108-3221

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.163875**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROL LYNN AGNO**

Mailing Address 2890 E EISENHOWER PKWY

City	State	Zip Code
ANN ARBOR	MI	48108-3221

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.166255**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAROL LYNN AGNO**

Mailing Address 2890 E EISENHOWER PKWY

City	State	Zip Code
ANN ARBOR	MI	48108-3221

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.177812**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROL LYNN AGNO**

Mailing Address 2890 E EISENHOWER PKWY

City	State	Zip Code
ANN ARBOR	MI	48108-3221

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.179623**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. DURGA AGRAWAL**

Mailing Address 2921 UNIVERSITY BLVD

City	State	Zip Code
HOUSTON	TX	77005-3451

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PIPING TECHNOLOGY AND PRODUCTS

Occupation  
CEO/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164420**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ERIC AGUIAR**

Mailing Address 42 MARIOMI RD

City	State	Zip Code
NEW CANAAN	CT	06840-3309

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
THOMAS, MCNERNEY AND PARTNERS

Occupation  
VENTURE CAPITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161590**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROB AGUILAR**

Mailing Address 10403 NE 21ST ST

City

VANCOUVER

State

WA

Zip Code

98664-4362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

CAREER COUNSELOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.158486**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROB AGUILAR**

Mailing Address 10403 NE 21ST ST

City

VANCOUVER

State

WA

Zip Code

98664-4362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

CAREER COUNSELOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.164307**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROB AGUILAR**

Mailing Address 10403 NE 21ST ST

City

VANCOUVER

State

WA

Zip Code

98664-4362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

CAREER COUNSELOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.170230**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROB AGUILAR**

Mailing Address 10403 NE 21ST ST

City

VANCOUVER

State

WA

Zip Code

98664-4362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

CAREER COUNSELOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.171423**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROB AGUILAR**

Mailing Address 10403 NE 21ST ST

City

VANCOUVER

State

WA

Zip Code

98664-4362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

CAREER COUNSELOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.171671**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROB AGUILAR**

Mailing Address 10403 NE 21ST ST

City

VANCOUVER

State

WA

Zip Code

98664-4362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

CAREER COUNSELOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.177749**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROB AGUILAR**

Mailing Address 10403 NE 21ST ST

City

VANCOUVER

State

WA

Zip Code

98664-4362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

CAREER COUNSELOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.178596**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROB AGUILAR**

Mailing Address 10403 NE 21ST ST

City

VANCOUVER

State

WA

Zip Code

98664-4362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

CAREER COUNSELOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.178707**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. HELEN AGUIRRE FERRE**

Mailing Address 9824 NE 5TH AVENUE RD

City

MIAMI SHORES

State

FL

Zip Code

33138-2466

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HAF MEDIA LLC

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.160823**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAVIER AGUIRRE**

Mailing Address 10909 W OKEECHOBEE RD  
UNIT 101

City State Zip Code  
HIALEAH GARDENS FL 33018-8105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.161298**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

220.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAVIER K. AGUIRRE**

Mailing Address 210 HARRIS GROVE LN

City State Zip Code  
YORKTOWN VA 23692-4010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SELF-EMPLOYED

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.157535**

Date of Receipt

M M / D D / Y Y Y Y  
10 06 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAVIER K. AGUIRRE**

Mailing Address 210 HARRIS GROVE LN

City State Zip Code  
YORKTOWN VA 23692-4010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SELF-EMPLOYED

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175869**

Date of Receipt

M M / D D / Y Y Y Y  
12 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

420.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARIA TERESA AGUIRRE**

Mailing Address 13611 STILL BAY CT

City	State	Zip Code
HOUSTON	TX	77077-3423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163122**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE G. AHRENS**

Mailing Address 7434 TUNBURY LN

City	State	Zip Code
HOUSTON	TX	77095-3504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DANNENBAUM ENGINEERING

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.159017**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE G. AHRENS**

Mailing Address 7434 TUNBURY LN

City	State	Zip Code
HOUSTON	TX	77095-3504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DANNENBAUM ENGINEERING

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.159017B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

Subtotal Of Receipts This Page (optional).....

3700.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WAYNE G. AHRENS**

Mailing Address **7434 TUNBURY LN**

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77095-3504**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DANNENBAUM ENGINEERING**

Occupation  
**ENGINEER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.175927**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MRS. CAROL T. AICHELE**

Mailing Address **2424 DICKSON LN**

City  
**MALVERN**

State  
**PA**

Zip Code  
**19355-9713**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WEST CHESTER UNIVERSITY**

Occupation  
**COMMUNITY SOLUTIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166392**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN SADLER AICHELE**

Mailing Address **2424 DICKSON LN**

City  
**MALVERN**

State  
**PA**

Zip Code  
**19355-9713**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAUL EWING LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166422**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LEE AINSLIE**

Mailing Address 300 CRESCENT CT  
FL 18

City State Zip Code  
DALLAS TX 75201-1876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAVERICK CAPITAL

Occupation  
MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158590**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH AINSLIE**

Mailing Address 300 CRESCENT CT  
FL 18

City State Zip Code  
DALLAS TX 75201-1876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INTERIOR DESIGNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158591**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. LEE AINSLIE**

Mailing Address 300 CRESCENT CT  
FL 18

City State Zip Code  
DALLAS TX 75201-1876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAVERICK CAPITAL

Occupation  
MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158590B**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MASUD AKBAR**

Mailing Address **4527 FOXHALL CRESCENTS NW**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20007-</b>
---------------------------	--------------------	---------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MORGAN STANLEY**

Occupation  
**STOCKBROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161907**

Date of Receipt

M M / D D / Y Y Y Y
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH C. AKOURI**

Mailing Address **3301 GOVERNORS LN**

City <b>COMMERCE TOWNSHIP</b>	State <b>MI</b>	Zip Code <b>48390-1235</b>
----------------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CONWAY MACKENZIE**

Occupation  
**VP OF IT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161335**

Date of Receipt

M M / D D / Y Y Y Y
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALI AL-SINJARI**

Mailing Address **4646 MUELLER BLVD**  
**APT 4002**

City <b>AUSTIN</b>	State <b>TX</b>	Zip Code <b>78723-3399</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GROUP 1 AUTOMOTIVE**

Occupation  
**FLEET SALES MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177513**

Date of Receipt

M M / D D / Y Y Y Y
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES ALBANESE**

Mailing Address 11822 MAPLE ST

City  
WHITTIER

State Zip Code  
CA 90601-2745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166118**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. NELSON J. ALBAREDA**

Mailing Address 7020 SW 82ND AVE

City  
MIAMI

State Zip Code  
FL 33143-2505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EVENTUS

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161292**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DENNIS ALBAUGH**

Mailing Address 1525 NE 36TH ST

City  
ANKENY

State Zip Code  
IA 50021-6754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALBAUGH, LLC

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.177533**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DENNIS ALBAUGH**

Mailing Address 1525 NE 36TH ST

City	State	Zip Code
ANKENY	IA	50021-6754

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALBAUGH, LLC

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.177533B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. DENNIS ALBAUGH**

Mailing Address 1525 NE 36TH ST

City	State	Zip Code
ANKENY	IA	50021-6754

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALBAUGH, LLC

Occupation  
MANAGER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.179303**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MS. SUSAN ALBAUGH**

Mailing Address 1525 NE 36TH ST

City	State	Zip Code
ANKENY	IA	50021-6754

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177398**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 37 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GABRIEL ALBELO**

Mailing Address 7528 LOS PINOS BLVD

City	State	Zip Code
CORAL GABLES	FL	33143-6417

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TAM TRAINING**

Occupation  
**SOFTWARE TRAINING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162139**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARK ALBERS**

Mailing Address 23 ESCAPADE CT

City	State	Zip Code
NEWPORT BEACH	CA	92663-2353

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**IT SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161880**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MURREY R. ALBERS**

Mailing Address 2620 SW SCHOLLS FERRY RD

City	State	Zip Code
PORTLAND	OR	97221-1315

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FRANZ BAKER**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.150452**

Date of Receipt

**09 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MURREY R. ALBERS**

Mailing Address 2620 SW SCHOLLS FERRY RD

City	State	Zip Code
PORTLAND	OR	97221-1315

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FRANZ BAKER**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.150452B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. MURREY R. ALBERS**

Mailing Address 2620 SW SCHOLLS FERRY RD

City	State	Zip Code
PORTLAND	OR	97221-1315

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FRANZ BAKER**

Occupation  
**CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170895**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**PATRICK ALDERDICE**

Mailing Address 4508 OAK TREE CT

City	State	Zip Code
LAWRENCE	KS	66049-3894

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PENNINGTON & COMPANY**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157554**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GRANT ALDONAS**

Mailing Address 2819 N JEFFERSON ST

City

ARLINGTON

State

VA

Zip Code

22207-1463

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SPLIT ROCK INTERNATIONAL, INC.

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159535**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD S. ALDRICH JR.**

Mailing Address 136 E 64TH ST  
APT 5D

City

NEW YORK

State

NY

Zip Code

10065-7380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SKADDEN ARPS

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158877**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VIRGINIA ALDRICH**

Mailing Address 2421 MEDITERRANEAN AVE

City

VIRGINIA BEACH

State

VA

Zip Code

23451-4030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171411**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VIRGINIA ALDRICH**

Mailing Address **2421 MEDITERRANEAN AVE**

City	State	Zip Code
VIRGINIA BEACH	VA	23451-4030

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.178655**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. MIROSLAV ALEKSIC**

Mailing Address **TOW CENTER BL**

City	State	Zip Code
ORLANDO	FL	32837-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**320.00**

**Transaction ID : SA17.162434**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. MIROSLAV ALEKSIC**

Mailing Address **TOW CENTER BL**

City	State	Zip Code
ORLANDO	FL	32837-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**320.00**

**Transaction ID : SA17.163606**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**285.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

DR. MIROSLAV ALEKSIC

Mailing Address TOW CENTER BL

City	State	Zip Code
ORLANDO	FL	32837-

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.170376**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

DR. MIROSLAV ALEKSIC

Mailing Address TOW CENTER BL

City	State	Zip Code
ORLANDO	FL	32837-

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.171488**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

DR. MIROSLAV ALEKSIC

Mailing Address TOW CENTER BL

City	State	Zip Code
ORLANDO	FL	32837-

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.174573**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

75.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A.** Full Name (Last, First, Middle Initial)

DR. MIROSLAV ALEKSIC

Mailing Address TOW CENTER BL

City

ORLANDO

State

FL

Zip Code

32837-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

320.00

Transaction ID : SA17.176198

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

5.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)

DR. MIROSLAV ALEKSIC

Mailing Address TOW CENTER BL

City

ORLANDO

State

FL

Zip Code

32837-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

320.00

Transaction ID : SA17.178332

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

DR. MIROSLAV ALEKSIC

Mailing Address TOW CENTER BL

City

ORLANDO

State

FL

Zip Code

32837-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

320.00

Transaction ID : SA17.178333

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

5.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

35.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. MIROSLAV ALEKSIC**

Mailing Address **TOW CENTER BL**

City	State	Zip Code
ORLANDO	FL	32837-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**320.00**

**Transaction ID : SA17.178778**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSE ALEMAN**

Mailing Address **5824 ALTON RD**

City	State	Zip Code
MIAMI BEACH	FL	33140-2023

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MERIDIAN PARTNERS**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.174341**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FRANK D. ALESSIO**

Mailing Address **7514 GIRARD AVE**  
**# 1250**

City	State	Zip Code
LA JOLLA	CA	92037-5149

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175897**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3725.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CAROLYN W. ALEXANDER**

Mailing Address 50 BRIAR HOLLOW LN  
STE 320

City State Zip Code  
HOUSTON TX 77027-9300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W.J. ALEXANDER & ASSOCIATES, P.C.

Occupation  
VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162141**

Date of Receipt

M M / D D / Y Y Y Y  
10 23 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**KLAREN ALEXANDER**

Mailing Address 178 EDGEMERE WAY S

City State Zip Code  
NAPLES FL 34105-7135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.167141**

Date of Receipt

M M / D D / Y Y Y Y  
10 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KLAREN ALEXANDER**

Mailing Address 178 EDGEMERE WAY S

City State Zip Code  
NAPLES FL 34105-7135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.168805**

Date of Receipt

M M / D D / Y Y Y Y  
11 10 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2775.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KLAREN ALEXANDER**

Mailing Address **178 EDGEMERE WAY S**

City	State	Zip Code
NAPLES	FL	34105-7135

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.171252**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KLAREN ALEXANDER**

Mailing Address **178 EDGEMERE WAY S**

City	State	Zip Code
NAPLES	FL	34105-7135

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.175508**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KLAREN ALEXANDER**

Mailing Address **178 EDGEMERE WAY S**

City	State	Zip Code
NAPLES	FL	34105-7135

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.179566**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK A. ALEXANDER**

Mailing Address 16 PINE GLEN DR

City	State	Zip Code
BLAUVELT	NY	10913-1150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ALEXANDER INVESTORS**

Occupation  
**FOUNDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175377**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA ALEXANDER**

Mailing Address 1284 CITADEL DR NE

City	State	Zip Code
ATLANTA	GA	30324-3818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.158147**

Date of Receipt

**10 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA ALEXANDER**

Mailing Address 1284 CITADEL DR NE

City	State	Zip Code
ATLANTA	GA	30324-3818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.173505**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA ALEXANDER**

Mailing Address 1284 CITADEL DR NE

City	State	Zip Code
ATLANTA	GA	30324-3818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.175666**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MIRIAM ALFARO**

Mailing Address 10100 SW 159TH AVE

City	State	Zip Code
MIAMI	FL	33196-6122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CARETAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170084**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RALPH H. ALFORD**

Mailing Address 1052 HIGHLAND COLONY PKWY  
STE 100

City	State	Zip Code
RIDGELAND	MS	39157-8764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HARPER, RAINS, KNIGHT**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172319**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1325.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FERAS ALHLOU**

Mailing Address 2119 OAKLAND RD

City	State	Zip Code
SAN JOSE	CA	95131-1578

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**E-NOR**

Occupation  
**MARKETING CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159567**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KARIM ALIBHAI**

Mailing Address 255 ALHAMBRA CIR  
STE 600

City	State	Zip Code
CORAL GABLES	FL	33134-7404

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GENCOM**

Occupation  
**HOTEL DEVELOPMENT/INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174394**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MOUAZ ALLABABIDI**

Mailing Address 2344 MERLIN DRIVE

City	State	Zip Code
GRAND PRAIRIE	TX	75052-3046

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPRINT**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169428**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT R. ALLECCA**

Mailing Address 7240 HUNTINGTON LN  
PH 4

City State Zip Code  
DELRAY BEACH FL 33446-2910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OPTICAL TEL

Occupation  
DIRECTOR OF SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.161296**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

215.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW ALLEN**

Mailing Address 5536 CARUTH BLVD

City State Zip Code  
DALLAS TX 75209-3530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOLDMAN SACHS

Occupation  
INVESTMENT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167262**

Date of Receipt

M M / D D / Y Y Y Y  
10 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BARRY K. ALLEN**

Mailing Address 2290 SHORE LANE  
P.O. BOX 1172

City State Zip Code  
BOCA GRANDE FL 33921-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PROVIDENCE EQUITY PARTNERS

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165679**

Date of Receipt

M M / D D / Y Y Y Y  
11 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

965.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. HELEN ALLEN**

Mailing Address 209 NAVAJO TRL

City	State	Zip Code
SEDONA	AZ	86336-3523

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.165632**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. HELEN ALLEN**

Mailing Address 209 NAVAJO TRL

City	State	Zip Code
SEDONA	AZ	86336-3523

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.170870**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LINDA P. ALLEN**

Mailing Address 2290 SHORE LANE  
P.O. BOX 1172

City	State	Zip Code
BOCA GRANDE	FL	33921-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165666**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

575.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SIDNEY P. ALLEN JR.**

Mailing Address 200 BRAE BURN DR

City	State	Zip Code
JACKSON	MS	39211-2504

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUTLER SNOW LLP**

Occupation  
**SENIOR ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174771**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MANDY ALLFREY**

Mailing Address 4447 WILLOW LN

City	State	Zip Code
DALLAS	TX	75244-7538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRUE NORTH GLOBAL**

Occupation  
**WRITER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168330**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LOGAN ALLIN**

Mailing Address 100 VAN NESS AVE  
APT 1212

City	State	Zip Code
SAN FRANCISCO	CA	94102-5220

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ONEHOPE**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162649**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLYN ALLWIN**

Mailing Address 201 W 70TH ST

City  
**NEW YORK**

State Zip Code  
**NY 10023-4387**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.157021**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. ROBERT E. ALMQUIST**

Mailing Address 4527 MAGNOLIA BRIDGE RD

City  
**CHARLOTTE**

State Zip Code  
**NC 28210-4337**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CARMEL FAMILY PHYSICIANS**

Occupation  
**FAMILY PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.174413**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE ALONSO**

Mailing Address 9985 SW 50TH ST

City  
**MIAMI**

State Zip Code  
**FL 33165-6356**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.161203**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**700.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EDMOND ALONZO**

Mailing Address 609 SE HIDDEN RIVER DR

City	State	Zip Code
PORT SAINT LUCIE	FL	34983-2739

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALONZO LAW OFFICES

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.157105**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARIELLA A. ALOUPIS**

Mailing Address 20201 E COUNTRY CLUB DR  
APT 2302

City	State	Zip Code
AVENTURA	FL	33180-3288

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159187**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. VANCE A. ALOUPIS JR.**

Mailing Address 20201 E COUNTRY CLUB DR  
APT. 2302

City	State	Zip Code
AVENTURA	FL	33180-3001

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
EARLY CHILDHOOD INSTITUTE

Occupation  
ATTORNEY/DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.159174**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**DR. VANCE A. ALOUPIS SR.**

Mailing Address 792 STATE ST

City	State	Zip Code
BANGOR	ME	04401-5610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MEDICAL DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159259**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NEIL ALPERT**

Mailing Address 1080 WISCONSIN AVE NW

City	State	Zip Code
WASHINGTON	DC	20007-3637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.157940**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NEIL ALPERT**

Mailing Address 1080 WISCONSIN AVE NW

City	State	Zip Code
WASHINGTON	DC	20007-3637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.161441**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

650.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NEIL ALPERT**

Mailing Address 1080 WISCONSIN AVE NW

City	State	Zip Code
WASHINGTON	DC	20007-3637

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.180769**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ENRIQUE ALTERO**

Mailing Address 6477 N FERGER AVE

City	State	Zip Code
FRESNO	CA	93704-1002

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HERNDON AUTO SERVICE**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.170664**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS CHARLOTTE ALTIRS**

Mailing Address 113 E SADDLE RIVER RD

City	State	Zip Code
SADDLE RIVER	NJ	07458-3033

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CAPELLI NEW YORK**

Occupation  
**RETAIL OPERATIONS AND MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172973**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE ALTIRS**

Mailing Address 113 E SADDLE RIVER RD

City	State	Zip Code
SADDLE RIVER	NJ	07458-3033

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CAPELLI NEW YORK

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172969**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELISABETH ALTIRS**

Mailing Address 113 E SADDLE RIVER RD

City	State	Zip Code
SADDLE RIVER	NJ	07458-3033

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178937**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE ALTIRS**

Mailing Address 113 E SADDLE RIVER RD

City	State	Zip Code
SADDLE RIVER	NJ	07458-3033

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CAPELLI NEW YORK

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172969B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 57 / 5419

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MR. MASOUD A. ALTIRS

Mailing Address 219 E SADDLE RIVER RD

City	State	Zip Code
SADDLE RIVER	NJ	07458-2634

FEC ID number of contributing federal political committee.

C

Name of Employer  
GMA ACCESSORIESOccupation  
CO-FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.173002

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MRS. NADIA ALTIRS

Mailing Address 219 E SADDLE RIVER RD

City	State	Zip Code
SADDLE RIVER	NJ	07458-2634

FEC ID number of contributing federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.172968

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MR. ANTONIO ALVAREZ

Mailing Address HATO REY PLAZA

City	State	Zip Code
SAN JUAN	PR	00918-

FEC ID number of contributing federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Transaction ID : SA17.166572

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6000.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CESAR L. ALVAREZ**

Mailing Address 333 SE 2ND AVE

FL 44

City

MIAMI

State

FL

Zip Code

33131-2176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GREENBERG TRAURIG LLP

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.153872**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☐ Memo Item

**CHARGED BACK**

**B. Full Name (Last, First, Middle Initial)**

**MR. DION D. ALVAREZ**

Mailing Address 1765 E 9TH AVE

City

HIALEAH

State

FL

Zip Code

33010-3329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ARMANI EXCHANGE

Occupation

SUPERVISOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166599**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LUIS ALVAREZ**

Mailing Address VENTANAS 222

BAHIA BEACH

City

RIO GRANDE

State

PR

Zip Code

00945-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

**Transaction ID : SA17.166574**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

-1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LUIS ALVAREZ**

Mailing Address **VENTANAS 222**

**BAHIA BEACH**

City

**RIO GRANDE**

State

**PR**

Zip Code

**00945-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFF**

Occupation

**INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1200.00**

**Transaction ID : SA17.166575**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. ALVARADO**

Mailing Address **6383 ARIZONA CIR**

City

**LOS ANGELES**

State

**CA**

Zip Code

**90045-1201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COURTCALL**

Occupation

**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163043**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHANIE ALVAREZ**

Mailing Address **850 W WILLOW ST**

City

**CHICAGO**

State

**IL**

Zip Code

**60614-5067**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**320.00**

**Transaction ID : SA17.161635**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHANIE ALVAREZ**

Mailing Address 850 W WILLOW ST

City	State	Zip Code
CHICAGO	IL	60614-5067

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.167834**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHANIE ALVAREZ**

Mailing Address 850 W WILLOW ST

City	State	Zip Code
CHICAGO	IL	60614-5067

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.170166**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHANIE ALVAREZ**

Mailing Address 850 W WILLOW ST

City	State	Zip Code
CHICAGO	IL	60614-5067

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.177768**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

220.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANTONIO AMADOR**

Mailing Address **2062 HENDERSON WAY**

City	State	Zip Code
LODI	CA	95242-4814

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1250.00**

**Transaction ID : SA17.168738**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DARREN AMICK**

Mailing Address **214 MUNFORD STREET**

City	State	Zip Code
HOUSTON	TX	77008-2532

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.155489**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DARREN AMICK**

Mailing Address **214 MUNFORD STREET**

City	State	Zip Code
HOUSTON	TX	77008-2532

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.169084**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**425.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DARREN AMICK**

Mailing Address **214 MUNFORD STREET**

City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77008-2532</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.175256**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ATUL AMIN**

Mailing Address **3729 EASTON NAZARETH HWY**

City <b>EASTON</b>	State <b>PA</b>	Zip Code <b>18045-8344</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PLASTIC SURGEON**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.165755**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SNEHAL AMIN**

Mailing Address **10022 LAKESIDE GABLES DR**

City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77065-3948</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WINDACRE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1001.00**

**Transaction ID : SA17.159146**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2025.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SNEHAL AMIN**

Mailing Address 10022 LAKESIDE GABLES DR

City	State	Zip Code
HOUSTON	TX	77065-3948

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WINDACRE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1001.00

**Transaction ID : SA17.160508**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RENEE J. AMOORE**

Mailing Address 521 PRINCETON DR

City	State	Zip Code
KING OF PRUSSIA	PA	19406-1913

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AMOORE GROUP, INC.

Occupation  
PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.172991**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HARRY ANAND**

Mailing Address 3400 S TAMIAMI TRL  
STE 300

City	State	Zip Code
SARASOTA	FL	34239-6093

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ROYCE INTERNATIONAL

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173030**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1701.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTIE ANDERSON**

Mailing Address **6927 N COCHRAN ST**

City <b>SPOKANE</b>	State <b>WA</b>	Zip Code <b>99208-4418</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WHITWORTH UNIVERSITY**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.181413**

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEVIN ANDERSON**

Mailing Address **10078 SUMMERLAKES DR**

City <b>CARMEL</b>	State <b>IN</b>	Zip Code <b>46032-9332</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**E&A COMPANIES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.154180**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEVIN ANDERSON**

Mailing Address **10078 SUMMERLAKES DR**

City <b>CARMEL</b>	State <b>IN</b>	Zip Code <b>46032-9332</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**E&A COMPANIES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.154180B**

Date of Receipt

M M / D D / Y Y Y Y
10 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEVIN ANDERSON**

Mailing Address 10078 SUMMERLAKES DR

City	State	Zip Code
CARMEL	IN	46032-9332

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**E&A COMPANIES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.163345**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE E. ANDERTON**

Mailing Address 6227 PARADISE POINT DR

City	State	Zip Code
PALMETTO BAY	FL	33157-2616

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INGHAM RETIREMENT GROUP**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162984**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JON T. ANDERSON**

Mailing Address 314 LAUREL ST

City	State	Zip Code
SAN FRANCISCO	CA	94118-1908

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.162336**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JUDITH C. ANDERSON**

Mailing Address 186 JERRY BROWNE RD  
UNIT 6207

City MYSTIC State CT Zip Code 06355-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Transaction ID : SA17.164632

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

75.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JUDITH C. ANDERSON**

Mailing Address 186 JERRY BROWNE RD  
UNIT 6207

City MYSTIC State CT Zip Code 06355-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Transaction ID : SA17.171817

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

150.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KARL ANDERSON**

Mailing Address 1300 N ST NW  
APT 217

City WASHINGTON State DC Zip Code 20005-3689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACSESS

Occupation  
GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.157312

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

475.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LEE ANDERSON**

Mailing Address 2617 COLONIAL PKWY

City

FT. WORTH

State

TX

Zip Code

76109-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEXAS RETINA ASSOCIATION

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169065**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT R. ANDERSON**

Mailing Address 131 E 69TH ST  
APT 10A

City

NEW YORK

State

NY

Zip Code

10021-5158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KEETE, BIYETTE WOODS/STITEL  
FINANCIAL

Occupation

INVESTMENT BANKING

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177393**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVEN ANDERSON**

Mailing Address 1124 MEADOWLARK DR

City

IOWA CITY

State

IA

Zip Code

52246-7610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.166036**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEVEN ANDERSON**

Mailing Address 1124 MEADOWLARK DR

City	State	Zip Code
IOWA CITY	IA	52246-7610

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.174171**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOM ANDERSON**

Mailing Address 333 N RANDALL RD

City	State	Zip Code
SAINT CHARLES	IL	60174-1573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159094**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BARRY G. ANDREWS**

Mailing Address 3711 BEVERLY DRIVE

City	State	Zip Code
DALLAS	TX	75205-2805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ANDREWS DISTRIBUTING**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.169467**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

6425.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BARRY G. ANDREWS**

Mailing Address 3711 BEVERLY DRIVE

City	State	Zip Code
DALLAS	TX	75205-2805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ANDREWS DISTRIBUTING**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.169467B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
**REATTRIBUTION TO SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**MR. BARRY G. ANDREWS**

Mailing Address 3711 BEVERLY DRIVE

City	State	Zip Code
DALLAS	TX	75205-2805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ANDREWS DISTRIBUTING**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175657B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. BARRY G. ANDREWS**

Mailing Address 3711 BEVERLY DRIVE

City	State	Zip Code
DALLAS	TX	75205-2805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ANDREWS DISTRIBUTING**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175658**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item  
**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LANA ANDREWS**

Mailing Address 2730 IRVING BLVD

City	State	Zip Code
DALLAS	TX	75207-2308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SUMMIT ALIANCE COMPANIES**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175656**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. BOLIVAR C. ANDREWS**

Mailing Address 5507 SAUVE LN

City	State	Zip Code
HOUSTON	TX	77056-1219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174015**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BOLIVAR C. ANDREWS**

Mailing Address 5507 SAUVE LN

City	State	Zip Code
HOUSTON	TX	77056-1219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178167**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GLENN ANDREWS**

Mailing Address 2706 FAIRVIEW RD

City

RALEIGH

State

NC

Zip Code

27608-1350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163905**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LANA ANDREWS**

Mailing Address 2730 IRVING BLVD

City

DALLAS

State

TX

Zip Code

75207-2308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUMMIT ALIANCE COMPANIES

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175656B**

Date of Receipt

MM / DD / YYYY  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MRS. LANA ANDREWS**

Mailing Address 2730 IRVING BLVD

City

DALLAS

State

TX

Zip Code

75207-2308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUMMIT ALIANCE COMPANIES

Occupation

CHAIRMAN

Receipt For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175659**

Date of Receipt

MM / DD / YYYY  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL ANDREWS**

Mailing Address 700 JENKINS RD

City	State	Zip Code
ALEDO	TX	76008-2408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TTI INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163007**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CHRISTINE ANGELAKIS**

Mailing Address 1250 LAFAYETTE RD

City	State	Zip Code
GLADWYNE	PA	19035-1110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173261**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL ANGELAKIS**

Mailing Address 1250 LAFAYETTE RD

City	State	Zip Code
GLADWYNE	PA	19035-1110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMCAST CORPORATION

Occupation  
EVP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173262**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VALENTIN ANGELKOV**

Mailing Address 3760 INGOLD ST

City

HOUSTON

State

TX

Zip Code

77005-3624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUSTAINABLE POWER GROUP

Occupation

MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162257**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CAROLINA ANGOLA**

Mailing Address 8645 NW 2ND TER

City

MIAMI

State

FL

Zip Code

33126-8311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.160053**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. HELEN B. ANGOLA**

Mailing Address 7350 SW 89TH ST  
APT 622S

City

MIAMI

State

FL

Zip Code

33156-7688

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DAY CARE

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160059**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. JENNY ANGOLA**

Mailing Address 10770 NW 66TH ST  
APT 308

City DORAL State FL Zip Code 33178-3780

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160056**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RITA ANGUIANO**

Mailing Address 1707 AIRLINE DR

City KATY State TX Zip Code 77493-1704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.155325**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RITA ANGUIANO**

Mailing Address 1707 AIRLINE DR

City KATY State TX Zip Code 77493-1704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.167219**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RITA ANGUIANO**

Mailing Address 1707 AIRLINE DR

City	State	Zip Code
KATY	TX	77493-1704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.172236**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RITA ANGUIANO**

Mailing Address 1707 AIRLINE DR

City	State	Zip Code
KATY	TX	77493-1704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.179674**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PATRICIA C. ANNEE**

Mailing Address 1045 FOUNTAIN ST

City	State	Zip Code
ALAMEDA	CA	94501-5545

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1225.00

**Transaction ID : SA17.172393**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PATRICIA C. ANNEE**

Mailing Address 1045 FOUNTAIN ST

City ALAMEDA	State CA	Zip Code 94501-5545
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1225.00

**Transaction ID : SA17.181114**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LES ANTALFFY**

Mailing Address 11946 SUMMERDALE ST

City HOUSTON	State TX	Zip Code 77077-3022
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLUOR

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.161715**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LES ANTALFFY**

Mailing Address 11946 SUMMERDALE ST

City HOUSTON	State TX	Zip Code 77077-3022
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLUOR

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.174997**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANN-ROBIN ANTHONY**

Mailing Address 875 10TH ST NW

City  
WASHINGTON

State Zip Code  
DC 20001-5099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IRI

Occupation  
ACTING DIRECTOR, WDN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.163257**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH W. ANTHONY**

Mailing Address 602 RIVER ST

City  
MINNEAPOLIS

State Zip Code  
MN 55401-2576

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANTHONY OSTLUND

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172930**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ARTHUR C. ANTON**

Mailing Address 575 OSGOOD ST  
APT 2306

City  
NORTH ANDOVER

State Zip Code  
MA 01845-1977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174857**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AMANDA ANTOS**

Mailing Address 2360 CRIST RD  
STE B900

City	State	Zip Code
GARLAND	TX	75040-3715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168172**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CONSTANTINE ANTOS**

Mailing Address 2360 CRIST RD  
STE B900

City	State	Zip Code
GARLAND	TX	75040-3715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MILESTONE

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168173**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE ANTUNA**

Mailing Address 3636 WOODLAWN FARMS

City	State	Zip Code
SCHERTZ	TX	78154-3505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TIMELESS SUNSETS LLC

Occupation  
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.155469**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SYED ANWAR**

Mailing Address **110 N MARIENFELD ST**  
**STE 290**

City **MIDLAND** State **TX** Zip Code **79701-4412**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIDLAND ENERGY**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.165427**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SYED ANWAR**

Mailing Address **110 N MARIENFELD ST**  
**STE 290**

City **MIDLAND** State **TX** Zip Code **79701-4412**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIDLAND ENERGY**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.165427B**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. SYED ANWAR**

Mailing Address **110 N MARIENFELD ST**  
**STE 290**

City **MIDLAND** State **TX** Zip Code **79701-4412**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIDLAND ENERGY**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.183882**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

**5400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. V. TRAE APODACA III**

Mailing Address 211 S KANSAS ST

City	State	Zip Code
EL PASO	TX	79901-2841

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
APODACA SOLUTIONS

Occupation  
BAIL BONDSMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177917**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. SUBRAMANIAM APPAN**

Mailing Address 700 PALOMINO ST

City	State	Zip Code
LEAGUE CITY	TX	77573-1710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

725.00

**Transaction ID : SA17.157511**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. SUBRAMANIAM APPAN**

Mailing Address 700 PALOMINO ST

City	State	Zip Code
LEAGUE CITY	TX	77573-1710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

725.00

**Transaction ID : SA17.164131**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. SUBRAMANIAM APPAN**

Mailing Address 700 PALOMINO ST

City

LEAGUE CITY

State

TX

Zip Code

77573-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

725.00

**Transaction ID : SA17.165926**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDY APPLETON**

Mailing Address 2014 POLO RUN DR

City

YARDLEY

State

PA

Zip Code

19067-7261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173394**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. BLANCA S. APPLEWHITE**

Mailing Address 3629 HAYNIE AVE

City

DALLAS

State

TX

Zip Code

75205-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177942**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

775.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. SUSAN H. APRILL**

Mailing Address **1447 HARRISON ST**

City

**HOLLYWOOD**

State

**FL**

Zip Code

**33020-5233**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**FOWLER WHITE BURNETT PA**

Occupation

**LAWYER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169422**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MAURICE ARBELAEZ**

Mailing Address **10800 FARLEY ST**  
**STE 265**

City

**OVERLAND PARK**

State

**KS**

Zip Code

**66210-1693**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DIAGNOSTIC IMAGING SERVICES (DIS)**

Occupation

**OWNER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172931**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PROF. STEPHEN V. ARBOGAST**

Mailing Address **204 LANCASTER DR**

City

**CHAPEL HILL**

State

**NC**

Zip Code

**27517-3429**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**UNIVERSITY OF NORTH CAROLINA**

Occupation

**PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.171718**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHAD ARFONS**

Mailing Address 3244 PRAIRIE VISTA CT

City

RICHFIELD

State

OH

Zip Code

44286-9078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MC DONALD HOPKINS LLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.157805**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHAD ARFONS**

Mailing Address 3244 PRAIRIE VISTA CT

City

RICHFIELD

State

OH

Zip Code

44286-9078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MC DONALD HOPKINS LLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.168583**

Date of Receipt

**11 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHAD ARFONS**

Mailing Address 3244 PRAIRIE VISTA CT

City

RICHFIELD

State

OH

Zip Code

44286-9078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MC DONALD HOPKINS LLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174667**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEVE ARKAWI**

Mailing Address 5212 E WOODRIDGE DR

City	State	Zip Code
SCOTTSDALE	AZ	85254-7504

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SYRIAN-AMERICA COUNCIL

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159033**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROSALIE ARKELL**

Mailing Address 8 TWO MILE HOLLOW RD

City	State	Zip Code
EAST HAMPTON	NY	11937-8404

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PRIVATE INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171991**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY JANE ARMACOST**

Mailing Address 917 LAKE HOUSE DR

City	State	Zip Code
NORTH PALM BEACH	FL	33408-3311

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177929**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SAMUEL H. ARMACOST**

Mailing Address 917 LAKE HOUSE DR

City	State	Zip Code
NORTH PALM BEACH	FL	33408-3311

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177921**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RUSSELL ARMISTEAD**

Mailing Address 1431 RIVERPLACE BLVD  
APT 3206

City	State	Zip Code
JACKSONVILLE	FL	32207-9122

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SHANDS JACKSONVILLE

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170558**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH M. ARMSTRONG**

Mailing Address 1900 E STANFORD AVE

City	State	Zip Code
CHERRY HILLS VILLAGE	CO	80113-6017

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
EPOCH ESTATE WINES

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159160**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ARMSTRONG**

Mailing Address 1900 E STANFORD AVE

City	State	Zip Code
CHERRY HILLS VILLAGE	CO	80113-6017

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ARMSTRONG OIL & GAS**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159161**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LEO ARNABOLDI**

Mailing Address 11090 TURTLE BEACH RD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-3423

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178080**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PHILIP J. ARNAUTOU**

Mailing Address 45 W CLAY ST

City	State	Zip Code
SAN FRANCISCO	CA	94121-1230

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**COLLIERS INTERNATIONAL**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177894**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS C. ARNDT**

Mailing Address 19907 KENNEMER DR

City	State	Zip Code
PFLUGERVILLE	TX	78660-5063

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D.E.C.

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159016**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH ARNDT**

Mailing Address 19907 KENNEMER DR

City	State	Zip Code
PFLUGERVILLE	TX	78660-5063

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167331**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS C. ARNDT**

Mailing Address 19907 KENNEMER DR

City	State	Zip Code
PFLUGERVILLE	TX	78660-5063

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D.E.C.

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159016B**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS W. ARNOLD**

Mailing Address 123 S ADAMS ST

City

TALLAHASSEE

State

FL

Zip Code

32301-7719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SOUTHERN STRATEGY GROUP

Occupation

LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179781**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. ARNOLD**

Mailing Address 111 OAKHILL CT

City

SAINT CHARLES

State

IL

Zip Code

60174-5546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161783**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM M. ARNOLD**

Mailing Address 2220 STANMORE DR

City

HOUSTON

State

TX

Zip Code

77019-5614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RICE UNIVERSITY

Occupation

PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1030.00

**Transaction ID : SA17.167581**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1530.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SCOTT AROGETI**

Mailing Address **3443 KINGSBORO RD NE**  
**APT 1408**

City **ATLANTA** State **GA** Zip Code **30326-3321**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PLAYON SPORTS**

Occupation  
**STRATEGIC PARTNERSHIPS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.169862**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN J. ARONSON**

Mailing Address **318 MILLS RD**

City **NORTH SALEM** State **NY** Zip Code **10560-2308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BARCLAY'S CAPITAL**

Occupation  
**INVESTMENT BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170052**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSE AROZAMENA**

Mailing Address **10 E 22ND ST**  
**APT 3**

City **NEW YORK** State **NY** Zip Code **10010-6151**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAMBIUM USA**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**550.00**

**Transaction ID : SA17.157333**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSE AROZAMENA**

Mailing Address 10 E 22ND ST  
APT 3

City State Zip Code  
NEW YORK NY 10010-6151

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAMBIUM USA

Occupation  
FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.180598**

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ARPE**

Mailing Address 4710 W HIGHLAND RD

City State Zip Code  
MEQUON WI 53092-1129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FIDUCIARY REAL ESTATE

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.168713**

Date of Receipt

M M / D D / Y Y Y Y  
11 18 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS ARRIGHI**

Mailing Address 900 N STUART ST

City State Zip Code  
ARLINGTON VA 22203-4101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KELLENPROJECTS LLC

Occupation  
PROJECT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.157309**

Date of Receipt

M M / D D / Y Y Y Y  
10 06 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS ARRIGHI**

Mailing Address 900 N STUART ST

City

ARLINGTON

State

VA

Zip Code

22203-4101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KELLENPROJECTS LLC

Occupation

PROJECT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.161742**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS ARRIGHI**

Mailing Address 900 N STUART ST

City

ARLINGTON

State

VA

Zip Code

22203-4101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KELLENPROJECTS LLC

Occupation

PROJECT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.166525**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HAMID ARSALAN**

Mailing Address 1221 MASS AVE NW  
APT 304

City

WASHINGTON

State

DC

Zip Code

20005-5305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NED

Occupation

PROGRAM OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.163531**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. HEIDI C. ARTEAGA**

Mailing Address 2920 E. 2 MILE ROAD

City	State	Zip Code
MISSION	TX	78573-

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162094**

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JESSE M. ASH**

Mailing Address PO BOX 128

City	State	Zip Code
POTTS CAMP	MS	38659-

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174436**

Date of Receipt

MM / DD / YYYY  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LINDA ASHER**

Mailing Address 3803 WOODBINE ST

City	State	Zip Code
CHEVY CHASE	MD	20815-4958

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

GLOBAL THREAT ADVISORY SERVICES

CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161487**

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HENRY A. ASHFORTH III**

Mailing Address **22 SPECTACLE LN**

City	State	Zip Code
<b>RIDGEFIELD</b>	<b>CT</b>	<b>06877-5714</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE ASHFORTH COMPANY**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161555**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. NANCY M. ASHMORE**

Mailing Address **216 PEPPERTREE CROSSING AVE**

City	State	Zip Code
<b>BRUNSWICK</b>	<b>GA</b>	<b>31525-0548</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**380.00**

**Transaction ID : SA17.161503**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. NANCY M. ASHMORE**

Mailing Address **216 PEPPERTREE CROSSING AVE**

City	State	Zip Code
<b>BRUNSWICK</b>	<b>GA</b>	<b>31525-0548</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**380.00**

**Transaction ID : SA17.177881**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**1100.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN ASHMUN**

Mailing Address **2929 BUFFALO SPEEDWAY**  
**#2307**

City **HOUSTON** State **TX** Zip Code **77098-1711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OIL & GAS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.174013**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN ASHMUN**

Mailing Address **2929 BUFFALO SPEEDWAY**  
**#2307**

City **HOUSTON** State **TX** Zip Code **77098-1711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OIL & GAS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.178168**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN ASHMUN**

Mailing Address **2929 BUFFALO SPEEDWAY**  
**#2307**

City **HOUSTON** State **TX** Zip Code **77098-1711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OIL & GAS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.181518**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ANDRES ASION**

Mailing Address 1000 S POINTE DR  
APT 2204

City MIAMI BEACH State FL Zip Code 33139-7348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANDRES ASION PA

Occupation  
REAL ESTATE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2865.00

**Transaction ID : SA17.167704**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANDRES ASION**

Mailing Address 1000 S POINTE DR  
APT 2204

City MIAMI BEACH State FL Zip Code 33139-7348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANDRES ASION PA

Occupation  
REAL ESTATE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2865.00

**Transaction ID : SA17.167704B**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-80.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MR. ANDRES ASION**

Mailing Address 1000 S POINTE DR  
APT 2204

City MIAMI BEACH State FL Zip Code 33139-7348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANDRES ASION PA

Occupation  
REAL ESTATE AGENT

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2865.00

**Transaction ID : SA17.168674**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

80.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

80.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM R. ASSENMACHER**

Mailing Address 7301 N SECRET CANYON DR

City	State	Zip Code
TUCSON	AZ	85718-1444

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CAID INDUSTRIES, INC.

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.178083**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**RICHARD ASSMAR**

Mailing Address 12750 VIRTUDES ST

City	State	Zip Code
CORAL GABLES	FL	33156-6352

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.167296**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICHARD ASSMAR**

Mailing Address 12750 VIRTUDES ST

City	State	Zip Code
CORAL GABLES	FL	33156-6352

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.172096**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD ASSMAR**

Mailing Address 12750 VIRTUDES ST

City	State	Zip Code
CORAL GABLES	FL	33156-6352

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.179562**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MALAZ ATASSI**

Mailing Address 5045 CHARING CROSS RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-3681

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GREAT LAKE MEDICINE

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161958**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MELANI ATKINSON**

Mailing Address 3859 CARDIFF AVE

City	State	Zip Code
CULVER CITY	CA	90232-2613

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159446**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICK ATTANASIO**

Mailing Address 700 N VIEW DR

City

BRIDGEWATER

State

NJ

Zip Code

08807-1572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COMCAST

Occupation  
DIVISION VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.165573**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. ATTEBURY**

Mailing Address 3202 S LIPSCOMB ST

City

AMARILLO

State

TX

Zip Code

79109-3536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CATTLE & CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161068**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALAN L. ATTERBURY**

Mailing Address 3960 GORDON DR

City

NAPLES

State

FL

Zip Code

34102-7962

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MIDLAND PROPERTIES, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175911**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN C. ATWATER**

Mailing Address **1330 AVENUE OF THE AMERICAS**  
**STE 2700**

City **NEW YORK** State **NY** Zip Code **10019-5400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PRIME GROUP**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158878**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CLIFFORD AUGSPURGER**

Mailing Address **1604 S 43RD ST**

City **WEST DES MOINES** State **IA** Zip Code **50265-5383**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOLMES MURPHY & ASSOCIATES INC.**

Occupation  
**SENIOR VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.162079**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. JACK L. AUGUST JR.**

Mailing Address **940 MOHAVE DR**

City **PRESCOTT** State **AZ** Zip Code **86303-3508**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ARIZONA HISTORICAL FOUNDATION**

Occupation  
**EXECUTIVE DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.162064**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. VICTORIA AUGUSTUS**

Mailing Address **2885 BUSH ST**  
**APT 2**

City **SAN FRANCISCO** State **CA** Zip Code **94115-2939**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OBERNDORF ENTERPRISES**

Occupation  
**OFFICE MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174088**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LEE A. AULT**

Mailing Address **818 DEVON AVE**

City **LOS ANGELES** State **CA** Zip Code **90024-2508**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174963**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DENISE AUSTIN**

Mailing Address **2108 THE STRAND**

City **HERMOSA BEACH** State **CA** Zip Code **90254-2822**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FITNESS EXPERT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161573**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEFF AUSTIN**

Mailing Address 2108 THE STRAND

City	State	Zip Code
HERMOSA BEACH	CA	90254-2822

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OCTAGON**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163035**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROY L. AUSTIN**

Mailing Address 1211 SMITHFIELD CIR

City	State	Zip Code
STATE COLLEGE	PA	16801-6426

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.166124**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROY L. AUSTIN**

Mailing Address 1211 SMITHFIELD CIR

City	State	Zip Code
STATE COLLEGE	PA	16801-6426

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.177876**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROY L. AUSTIN**

Mailing Address 1211 SMITHFIELD CIR

City	State	Zip Code
STATE COLLEGE	PA	16801-6426

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.180543**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEROME AVENSON**

Mailing Address 1425 SOMMERTON WAY

City	State	Zip Code
CHESAPEAKE	VA	23320-5047

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.164266**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEROME AVENSON**

Mailing Address 1425 SOMMERTON WAY

City	State	Zip Code
CHESAPEAKE	VA	23320-5047

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.165770**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEROME AVENSON**

Mailing Address 1425 SOMMERTON WAY

City	State	Zip Code
CHESAPEAKE	VA	23320-5047

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.173686**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN AVENT**

Mailing Address 251 BURGUNDY LN

City	State	Zip Code
FAIRHOPE	AL	36532-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PREBLE-RISH, INC.

Occupation  
VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.172436**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARK G. AVERY**

Mailing Address 50 BRIAR HOLLOW LN

City	State	Zip Code
HOUSTON	TX	77027-9300

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DEL MONTE RESOURCES

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.166841**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARK G. AVERY**

Mailing Address 50 BRIAR HOLLOW LN

City	State	Zip Code
HOUSTON	TX	77027-9300

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DEL MONTE RESOURCES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.174014**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARK G. AVERY**

Mailing Address 50 BRIAR HOLLOW LN

City	State	Zip Code
HOUSTON	TX	77027-9300

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DEL MONTE RESOURCES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.178169**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSE A. AVETRANI**

Mailing Address 10689 N KENDALL DR  
STE 208

City	State	Zip Code
MIAMI	FL	33176-1594

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**G.C.A.I.G.**

Occupation  
**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174403**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN L. AWNER**

Mailing Address **4060 BATTERSEA RD**

City	State	Zip Code
MIAMI	FL	33133-6602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AKERMAN LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2250.00**

**Transaction ID : SA17.158225**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALEX AZAR**

Mailing Address **LILLY CORPORATE CENTER**

City	State	Zip Code
INDIANAPOLIS	IN	46285-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ELI LILLY AND CO.**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157979**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARIAM AZARM**

Mailing Address **351 E 51ST ST**  
**APT L2D**

City	State	Zip Code
NEW YORK	NY	10022-6786

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157671**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LAURA R. AZIZ**

Mailing Address 1175 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10128-1211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178274**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SHARYAR AZIZ**

Mailing Address 1175 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10128-1211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UBS FINANCIAL

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178280**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RODRIGO E. AZPURUA**

Mailing Address 2526 BAY POINTE CT

City  
WESTON

State Zip Code  
FL 33327-1422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161214**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WALTER B. AZZOLINA**

Mailing Address 12105 NE 6TH AVE  
APT 305

City NORTH MIAMI State FL Zip Code 33161-5565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WALMART

Occupation  
ASSOCIATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1425.00

**Transaction ID : SA17.158827**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WALTER B. AZZOLINA**

Mailing Address 12105 NE 6TH AVE  
APT 305

City NORTH MIAMI State FL Zip Code 33161-5565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WALMART

Occupation  
ASSOCIATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1425.00

**Transaction ID : SA17.171872**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

600.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EDWARD A. BABKA**

Mailing Address 1835 LINKS GLEN DR

City DUBUQUE State IA Zip Code 52003-7721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.163758**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDWARD A. BABKA**

Mailing Address 1835 LINKS GLEN DR

City	State	Zip Code
DUBUQUE	IA	52003-7721

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.176825**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PETER E. BACCILE**

Mailing Address 5 ASHTON DR

City	State	Zip Code
GREENWICH	CT	06831-3762

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UBS

Occupation  
BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158874**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILLIP BACHLER**

Mailing Address 130 TUSCALOOSA AVE

City	State	Zip Code
ATHERTON	CA	94027-4017

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BACHLER INCORPORATED

Occupation  
CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158286**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANGELA E. BACHMAN**

Mailing Address 12700 OAKDALE VIEW DR

City	State	Zip Code
EDMOND	OK	73013-7554

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165396**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. HEINZ BACHMANN**

Mailing Address 12 BARLEY FIELD CT

City	State	Zip Code
DICKERSON	MD	20842-8806

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168693**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEN BACHMAN**

Mailing Address 106 CEDAR RIDGE RD

City	State	Zip Code
CHERRY LOG	GA	30522-2806

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.160258**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

760.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEN BACHMAN**

Mailing Address 106 CEDAR RIDGE RD

City

CHERRY LOG

State

GA

Zip Code

30522-2806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.162797**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEN BACHMAN**

Mailing Address 106 CEDAR RIDGE RD

City

CHERRY LOG

State

GA

Zip Code

30522-2806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.170159**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEN BACHMAN**

Mailing Address 106 CEDAR RIDGE RD

City

CHERRY LOG

State

GA

Zip Code

30522-2806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.177771**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

110.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEN BACHMAN**

Mailing Address 106 CEDAR RIDGE RD

City

CHERRY LOG

State

GA

Zip Code

30522-2806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.180530**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DELFIN BACOLOD**

Mailing Address 5037 SERENO DR

City

TEMPLE CITY

State

CA

Zip Code

91780-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

380.00

**Transaction ID : SA17.157356**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DELFIN BACOLOD**

Mailing Address 5037 SERENO DR

City

TEMPLE CITY

State

CA

Zip Code

91780-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

380.00

**Transaction ID : SA17.158037**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

65.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MS. BLANCHE ROBERTSON BACON**

Mailing Address 2200 WHITE OAK RD

City	State	Zip Code
RALEIGH	NC	27608-1454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.164338**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

3700.00

☐ Memo Item

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)

**MS. BLANCHE ROBERTSON BACON**

Mailing Address 2200 WHITE OAK RD

City	State	Zip Code
RALEIGH	NC	27608-1454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.164338B**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)

**MS. BLANCHE ROBERTSON BACON**

Mailing Address 2200 WHITE OAK RD

City	State	Zip Code
RALEIGH	NC	27608-1454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.168721B**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

3700.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. BLANCHE ROBERTSON BACON**

Mailing Address 2200 WHITE OAK RD

City	State	Zip Code
RALEIGH	NC	27608-1454

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.168722**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**ZACK BACON**

Mailing Address 2200 WHITE OAK RD

City	State	Zip Code
RALEIGH	NC	27608-1454

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168720**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. LOUIS MOORE BACON**

Mailing Address 11 TIMES SQ  
FL 40

City	State	Zip Code
NEW YORK	NY	10036-6600

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MOORE CAPITAL MANAGEMENT LP

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175372**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID BAER**

Mailing Address 12406 PRINCETON AVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-1938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O'SHAUGHNESSY HOLDING COMPANY

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171329**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NAOMI BAER**

Mailing Address 12406 PRINCETON AVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-1938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DIAMONDS DIRECT

Occupation  
JEWELER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171328**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICK BAGGETT**

Mailing Address 619 FINNHORSE LN

City	State	Zip Code
FRANKLIN	TN	37064-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FULL SERVICE INSURANCE

Occupation  
INSURANCE EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

380.00

**Transaction ID : SA17.159399**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK BAGGETT**

Mailing Address **619 FINNHORSE LN**

City	State	Zip Code
FRANKLIN	TN	37064-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FULL SERVICE INSURANCE**

Occupation  
**INSURANCE EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**380.00**

**Transaction ID : SA17.167771**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**130.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LISA E. BAGWELL**

Mailing Address **1605 MAIN ST**  
**STE 606**

City	State	Zip Code
SARASOTA	FL	34236-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BARRINGTON GROUP INC.**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

**Transaction ID : SA17.173055**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2300.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEOFF BAILEY**

Mailing Address **601 CORPORATE CIR**

City	State	Zip Code
GOLDEN	CO	80401-5607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE BAILEY COMPANY**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.160153**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3430.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN BAILEY**

Mailing Address 154 SHORE DR

City	State	Zip Code
OGDEN DUNES	IN	46368-7749

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARCUS & MILLICHAP**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166700**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL BAILEY**

Mailing Address 4728 SPOTTSWOOD AVE  
# 168

City	State	Zip Code
MEMPHIS	TN	38117-4817

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEWSOUTH CAPITAL MANAGEMENT**

Occupation  
**INSTITUTIONAL INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.166108**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

350.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MONA BAILEY**

Mailing Address 6200 LAKE WAY

City	State	Zip Code
NORTH RICHLAND HILLS	TX	76180-5360

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169484**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HERMAN BAINE**

Mailing Address **7865 SPRINGVALE DR**

City

**LAKE WORTH**

State

**FL**

Zip Code

**33467-7347**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BROWARD COLLEGE**

Occupation

**SENIOR ECONOMICS PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

**Transaction ID : SA17.166899**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HERMAN BAINE**

Mailing Address **7865 SPRINGVALE DR**

City

**LAKE WORTH**

State

**FL**

Zip Code

**33467-7347**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BROWARD COLLEGE**

Occupation

**SENIOR ECONOMICS PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

**Transaction ID : SA17.178170**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HERMAN BAINE**

Mailing Address **7865 SPRINGVALE DR**

City

**LAKE WORTH**

State

**FL**

Zip Code

**33467-7347**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BROWARD COLLEGE**

Occupation

**SENIOR ECONOMICS PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

**Transaction ID : SA17.181780**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.162702**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.167131**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.167874**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

130.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.168609**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.169261**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.170162**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

26.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.171291**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.174598**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.175532**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

35.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.176067**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.177767**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEBORAH BAIRD**

Mailing Address 412 W 3RD ST

City

WOODBINE

State

GA

Zip Code

31569-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.178308**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DEEP BAJPAI**

Mailing Address 1800 PURDY AVE  
APT PH1

City State Zip Code  
MIAMI BEACH FL 33139-1462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.152752**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DEEP BAJPAI**

Mailing Address 1800 PURDY AVE  
APT PH1

City State Zip Code  
MIAMI BEACH FL 33139-1462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.A152752**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2000.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**DOLLY K. BAJPAI**

Mailing Address 1800 PURDY AVE  
APT PH1

City State Zip Code  
MIAMI BEACH FL 33139-1462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.B163378**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES G. BAKALY JR.**

Mailing Address **480 S ORANGE GROVE BLVD**  
**APT 18**

City **PASADENA** State **CA** Zip Code **91105-1722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177423**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WAEEL BAKDASH**

Mailing Address **10341 AURORA CT**

City **FISHERS** State **IN** Zip Code **46038-5510**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMMUNITY HOSPITAL NETWORK**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157660**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS B. BAKER**

Mailing Address **1608 OAKCREST DR**

City **ALEXANDRIA** State **VA** Zip Code **22302-2334**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MONUMENT CAPITAL GROUP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164339**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARILYN N. BAKER**

Mailing Address 1608 OAKCREST DR

City	State	Zip Code
ALEXANDRIA	VA	22302-2334

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164354**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. RICK BAKER**

Mailing Address 205 25TH AVE N

City	State	Zip Code
SAINT PETERSBURG	FL	33704-3445

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE EDWARDS GROUP**

Occupation  
**BUSINESS DEVELOPMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158545**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT B. BAKER**

Mailing Address 70 SHIRLEY B JAMES DR

City	State	Zip Code
SAVANNAH	GA	31408-9032

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BAKER CONSTRUCTION**

Occupation  
**CONSTRUCTION**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158865**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM D. BAKER**

Mailing Address PO BOX 269

City  
**ARGYLE**

State  
**TX**

Zip Code  
**76226-0269**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170787**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DIRK BAKHUYZEN**

Mailing Address 675 CLYDE CT SW

City  
**BYRON CENTER**

State  
**MI**

Zip Code  
**49315-8446**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PROCARE LANDSCAPE MANAGEMENT**

Occupation  
**SERVICE INDUSTRY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159353**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELPIDIO J. BALDERAS GOMEZ**

Mailing Address 1908 PECOS ST

City  
**MISSION**

State  
**TX**

Zip Code  
**78572-2006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175026**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSE BALDERAS JR.**

Mailing Address 2805 SANTA ANA

City	State	Zip Code
MISSION	TX	78572-7672

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KANUTAM

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175022**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GEORGE BALDWIN**

Mailing Address 11711 SAINT MICHAELS DR

City	State	Zip Code
DALLAS	TX	75230-2441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166501**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PAUL D. BALDWIN**

Mailing Address 1241 ADAMS ST  
STE 1137

City	State	Zip Code
SAINT HELENA	CA	94574-1925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WILLIAM OBERNDORF

Occupation  
PROPERTY MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174085**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TREVOR BALDWIN**

Mailing Address 4010 W BOY SCOUT BLVD  
STE 200

City	State	Zip Code
TAMPA	FL	33607-5752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157041**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARC BALKE**

Mailing Address 8067 TOWNSHIP ROAD 334

City	State	Zip Code
MILLERSBURG	OH	44654-9171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167329**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CLARENCE M. BALL JR.**

Mailing Address 1 SOUTHERN WAY

City	State	Zip Code
MOBILE	AL	36619-1210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BALL HEALTHCARE SERVICES, INC.

Occupation  
PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173116**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TERRY N. BALL**

Mailing Address 427 JOSEPHINE ST.

City	State	Zip Code
DALLAS	TX	75246-1402

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRAMMELL CROW**

Occupation  
**EXECUTIVE ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169429**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RALPH THOMPSON BALLARD III**

Mailing Address 4660 VICTORIA AVE  
APT 902

City	State	Zip Code
RIVERSIDE	CA	92507-5652

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.156967**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RALPH THOMPSON BALLARD III**

Mailing Address 4660 VICTORIA AVE  
APT 902

City	State	Zip Code
RIVERSIDE	CA	92507-5652

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.158775**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GABRIELA BALLESTEROS**

Mailing Address 604 RIO GRANDE DR

City	State	Zip Code
MISSION	TX	78572-7475

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AQUA-TOTS SWIM SCHOOLS

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155291**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSE G. BALLI**

Mailing Address 1402 S CAGE BLVD

City	State	Zip Code
PHARR	TX	78577-6288

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178266**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES S. BALLOUN**

Mailing Address 2540 WOODWARD WAY NW

City	State	Zip Code
ATLANTA	GA	30305-3562

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170629**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JULIA W. BALLOUN**

Mailing Address 2540 WOODWARD WAY NW

City	State	Zip Code
ATLANTA	GA	30305-3562

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.158145**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JULIA W. BALLOUN**

Mailing Address 2540 WOODWARD WAY NW

City	State	Zip Code
ATLANTA	GA	30305-3562

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.163728**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JULIA W. BALLOUN**

Mailing Address 2540 WOODWARD WAY NW

City	State	Zip Code
ATLANTA	GA	30305-3562

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.170639**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH M. BANAVIGE**

Mailing Address 6225 WOOD HILL LN

City	State	Zip Code
INDEPENDENCE	MN	55359-8704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
3M

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.173531**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAUL BANCROFT**

Mailing Address 1750 TAYLOR ST  
UNIT 305

City	State	Zip Code
SAN FRANCISCO	CA	94133-5410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159443**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVEN BANDEL**

Mailing Address 8555 PONCE DE LEON RD

City	State	Zip Code
MIAMI	FL	33143-8626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FINSER CORPORATION

Occupation  
CO-CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178082**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELLYN BANK**

Mailing Address **225 BROADWAY**  
**STE 715**

City **NEW YORK** State **NY** Zip Code **10007-3795**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAW OFFICES OF ELLYN I. BANK**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158002**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. XING LONG BAO**

Mailing Address **7200 BIRCHBARK CT**

City **RALEIGH** State **NC** Zip Code **27615-5303**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1950.00**

**Transaction ID : SA17.158710**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. XING LONG BAO**

Mailing Address **7200 BIRCHBARK CT**

City **RALEIGH** State **NC** Zip Code **27615-5303**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1950.00**

**Transaction ID : SA17.170585**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1600.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. AMOL BAPAT**

Mailing Address **195 SHERWOOD PASS**

City

**ROSWELL**

State

**GA**

Zip Code

**30075-6858**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NORTHSIDE HOSPITAL**

Occupation

**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.165797**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MEDHA BAPAT**

Mailing Address **195 SHERWOOD PASS**

City

**ROSWELL**

State

**GA**

Zip Code

**30075-6858**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.165792**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANTHONY BARADAT**

Mailing Address **1235 CORAL WAY**

City

**MIAMI**

State

**FL**

Zip Code

**33145-2935**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**AB&A ADVERTISING**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2200.00**

**Transaction ID : SA17.173617**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT BARAF**

Mailing Address 333 STANWICH RD

City

GREENWICH

State

CT

Zip Code

06830-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CUSHMAN & WAKEFIELD

Occupation

REAL ESTATE EXECUTIVE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159629**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL BARATTA**

Mailing Address 2080 NORTHWICK PASS WAY

City

ALPHARETTA

State

GA

Zip Code

30022-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FORTRESS BROKERAGE SOLUTIONS

Occupation

INSURANCE SERVICES

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159470**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MADALENE K. BARBER**

Mailing Address 64 DEEPWOODS DR

City

LONGMEADOW

State

MA

Zip Code

01106-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.158355**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ANN BARBIER-MUELLER**

Mailing Address 5941 AVERILL WAY

City	State	Zip Code
DALLAS	TX	75225-3207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169485**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DAVID H. BARIS**

Mailing Address PO BOX 594

City	State	Zip Code
QUOGUE	NY	11959-0594

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUCKLEY SANDLER

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.160006**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☐ Memo Item

**CHARGED BACK**

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY S. BARKER**

Mailing Address 4854 FAIRVIEW CT

City	State	Zip Code
WEST BLOOMFIELD	MI	48322-4414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEFF BARKER HOMES

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160945**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JENNISSA BARKER**

Mailing Address 1500 S OCEAN BLVD

City

PALM BEACH

State

FL

Zip Code

33480-5102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HYPERION FARMS

Occupation  
NANNY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157378**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA M. BARKER**

Mailing Address 401 N WOODROW ST

City

FUQUAY VARINA

State

NC

Zip Code

27526-2050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BOB BARKER CO

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

**Transaction ID : SA17.161668**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES BARKLEY**

Mailing Address 6320 N EWING ST

City

INDIANAPOLIS

State

IN

Zip Code

46220-4424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SIMON PROPERTY GROUP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157053**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE R. BARNETT**

Mailing Address 3537 HARRISON AVE

City	State	Zip Code
PANAMA CITY	FL	32405-4296

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172305**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KERI KRISTEN BARNEY**

Mailing Address 2716 LENOX DR

City	State	Zip Code
TROY	MI	48098-2346

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
J. J. BARNEY

Occupation  
CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161365**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAUL BARNETT**

Mailing Address 112 SW COTTONWOOD DR

City	State	Zip Code
HERMISTON	OR	97838-2492

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BARNETT & MORO, P.C.

Occupation  
ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177461**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHERRY F. BARNETT**

Mailing Address 3537 HARRISON AVE

City

PANAMA CITY

State

FL

Zip Code

32405-4296

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172306**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TOM BARNETTE**

Mailing Address PO BOX 1398

City

BROOKSVILLE

State

FL

Zip Code

34605-1398

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BUSINESS DEVELOPMENT STRATEGIES,  
LLC

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176134**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT P. BARNWELL**

Mailing Address 201 MEAD RD

City

VICTORIA

State

TX

Zip Code

77904-1493

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.155488**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. RAMON BARQUIN**

Mailing Address **8525 MEADOWLARK LN**

City

**BETHESDA**

State

**MD**

Zip Code

**20817-2920**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BARQUIN INTERNATIONAL**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.169486**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SARAH BARRA**

Mailing Address **1256 OAK GROVE AVE**

City

**SAN MARINO**

State

**CA**

Zip Code

**91108-1032**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**NURSE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177411**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MALCOLM W. BARRETT**

Mailing Address **2054 N OLD KETTLE DR**

City

**PRESCOTT**

State

**AZ**

Zip Code

**86305-3952**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.162057**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. NANCY L. BARRETT**

Mailing Address 2054 N OLD KETTLE DR

City

PRESCOTT

State

AZ

Zip Code

86305-3952

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162073**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PETER BARRICK**

Mailing Address 21825 PEARSON AVE

City

SONOMA

State

CA

Zip Code

95476-9623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176668**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FRANCIS BARRY**

Mailing Address 5 FOX RUN RD

City

SAGAMORE BEACH

State

MA

Zip Code

02562-2707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.170876**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. JANE R. BARRY**

Mailing Address 2960 GALE RD

City	State	Zip Code
WAYZATA	MN	55391-2626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162942**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PETER F. BARRY**

Mailing Address PO BOX 2564

City	State	Zip Code
BIRMINGHAM	MI	48012-2564

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.156997**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICK BARTH**

Mailing Address 328 SOUND BEACH AVE

City	State	Zip Code
OLD GREENWICH	CT	06870-1931

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
THIRD POINT

Occupation  
FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157934**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAN BARTLETT**

Mailing Address 83 W CHAMPIONS BLVD

City	State	Zip Code
ROGERS	AR	72758-9568

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WALMART

Occupation  
CORPORATE AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.154019**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALLYSON BARTLETT**

Mailing Address 83 W CHAMPIONS BLVD

City	State	Zip Code
ROGERS	AR	72758-9568

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B166318**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. DAN BARTLETT**

Mailing Address 83 W CHAMPIONS BLVD

City	State	Zip Code
ROGERS	AR	72758-9568

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WALMART

Occupation  
CORPORATE AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B166319**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES BARTLETT**

Mailing Address **643 OENOKE RDG**

City

**NEW CANAAN**

State

**CT**

Zip Code

**06840-3123**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.174556**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY BARTOLOMEO**

Mailing Address **7 MANSOOR CT**

City

**SEWELL**

State

**NJ**

Zip Code

**08080-1726**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PENNONI ASSOCIATES**

Occupation

**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.168206**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HARRIS S. BARTON**

Mailing Address **334 LINCOLN AVE**

City

**PALO ALTO**

State

**CA**

Zip Code

**94301-2730**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**REDF**

Occupation

**PRIVATE EQUITY INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175021**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARGARET BARTON**

Mailing Address 7714 DELAFIELD PL

City

ALEXANDRIA

State

VA

Zip Code

22306-2815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARTON STRATEGIES

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173420**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ISMAEL BASHA**

Mailing Address 62 PINE GATE DR

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-2116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TSS INC.

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161960**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RASHA BASHA**

Mailing Address 62 PINE GATE DR

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-2116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SYRIAN AMERICAN RESCUE NETWORK

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161959**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRIAN BASS**

Mailing Address 2726 BIRCH HARBOR LN

City	State	Zip Code
WEST BLOOMFIELD	MI	48324-1906

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FRIEDMAN MGMT CO.

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159352**

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PATRICK G. BASSETT**

Mailing Address 2670 WOOLSEY LN

City	State	Zip Code
WAYZATA	MN	55391-2750

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WELLS FARGO

Occupation  
BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178959**

Date of Receipt

MM / DD / YYYY  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRED BASSO**

Mailing Address 34 S BROADWAY

City	State	Zip Code
WHITE PLAINS	NY	10601-4400

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.167103**

Date of Receipt

MM / DD / YYYY  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRED BASSO**

Mailing Address **34 S BROADWAY**

City

**WHITE PLAINS**

State

**NY**

Zip Code

**10601-4400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.172197**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRED BASSO**

Mailing Address **34 S BROADWAY**

City

**WHITE PLAINS**

State

**NY**

Zip Code

**10601-4400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.179647**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MAUREEN S. BATEMAN**

Mailing Address **PO BOX 5**

City

**MILLERTON**

State

**NY**

Zip Code

**12546-0005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175380**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EARLE S. BATES**

Mailing Address **160 KENDAL DR**  
**APT 214**

City **LEXINGTON** State **VA** Zip Code **24450-1791**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.160686**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EARLE S. BATES**

Mailing Address **160 KENDAL DR**  
**APT 214**

City **LEXINGTON** State **VA** Zip Code **24450-1791**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.170582**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN BATES**

Mailing Address **241 CENTRAL PARK W**  
**APT 8C**

City **NEW YORK** State **NY** Zip Code **10024-4545**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MERRILL LYNCH**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.170514A**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**400.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**550.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GARY WARD BATSON**

Mailing Address 2647 RABBITTOWN RD

City

PIEDMONT

State

AL

Zip Code

36272-7867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.156911**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GARY WARD BATSON**

Mailing Address 2647 RABBITTOWN RD

City

PIEDMONT

State

AL

Zip Code

36272-7867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171870**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GARY WARD BATSON**

Mailing Address 2647 RABBITTOWN RD

City

PIEDMONT

State

AL

Zip Code

36272-7867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175395**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARANJIT BATTH**

Mailing Address **5434 W KAMM AVE**

City

**CARUTHERS**

State

**CA**

Zip Code

**93609-9400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161569**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RITCHIE BATTLE**

Mailing Address **6345 BALBOA BLVD**

City

**ENCINO**

State

**CA**

Zip Code

**91316-1519**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.169930**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RITCHIE BATTLE**

Mailing Address **6345 BALBOA BLVD**

City

**ENCINO**

State

**CA**

Zip Code

**91316-1519**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.176100**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2975.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RITCHIE BATTLE**

Mailing Address **6345 BALBOA BLVD**

City	State	Zip Code
ENCINO	CA	91316-1519

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.179788**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ERNST S. BAUER**

Mailing Address **211 9TH AVE**

City	State	Zip Code
SAN FRANCISCO	CA	94118-2208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE SALVATION ARMY**

Occupation  
**DEVELOPMENT DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163040**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FREDRIC BAUER**

Mailing Address **7034 DEVEREUX CIRCLE DR**

City	State	Zip Code
ALEXANDRIA	VA	22315-4224

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**550.00**

**Transaction ID : SA17.174053**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL BAUMANN**

Mailing Address 7121 LIONS HEAD LN

City	State	Zip Code
BOCA RATON	FL	33496-5938

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BREL CAPITAL**

Occupation  
**REAL ESTATE INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155280**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**YVONNE BAUML**

Mailing Address 302 RIDGE BLF

City	State	Zip Code
SAN ANTONIO	TX	78216-6308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOURCE TALENT**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166785**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**YVONNE BAUML**

Mailing Address 302 RIDGE BLF

City	State	Zip Code
SAN ANTONIO	TX	78216-6308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOURCE TALENT**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174019**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**YVONNE BAUML**

Mailing Address 302 RIDGE BLF

City

SAN ANTONIO

State

TX

Zip Code

78216-6308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SOURCE TALENT

Occupation

SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.178171**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. HEATHER BAUMWALD**

Mailing Address 2201 MARINER DR  
APT 112

City

FORT LAUDERDALE

State

FL

Zip Code

33316-3649

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

QUINTILES/JANSSEN

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.172937**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRIAN BAUTISTA**

Mailing Address 2420 OAKDALE ST

City

TALLAHASSEE

State

FL

Zip Code

32308-0514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

IMPACT GIZ

Occupation

GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.158601**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HAROLD J. BAXTER**

Mailing Address 663 ISLAND DR

City

PALM BEACH

State

FL

Zip Code

33480-4744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.137896**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CAROL BAXTER**

Mailing Address 663 ISLAND DR

City

PALM BEACH

State

FL

Zip Code

33480-4744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B158894**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. HAROLD J. BAXTER**

Mailing Address 663 ISLAND DR

City

PALM BEACH

State

FL

Zip Code

33480-4744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B158895**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. BAXTER**

Mailing Address 1017 ARIS PEAR WAY

City

DOWNINGTOWN

State

PA

Zip Code

19335-6301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

FREELANCE MAGAZINE WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.157811**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. BAXTER**

Mailing Address 1017 ARIS PEAR WAY

City

DOWNINGTOWN

State

PA

Zip Code

19335-6301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

FREELANCE MAGAZINE WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.165592**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. BAXTER**

Mailing Address 1017 ARIS PEAR WAY

City

DOWNINGTOWN

State

PA

Zip Code

19335-6301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

FREELANCE MAGAZINE WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.173396**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. BAXTER**

Mailing Address 1017 ARIS PEAR WAY

City

DOWNINGTOWN

State

PA

Zip Code

19335-6301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

FREELANCE MAGAZINE WRITER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.179431**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN JOSEPH BEAGHAN**

Mailing Address 55 LAKEWOOD CIR

City

SAINT CHARLES

State

IL

Zip Code

60174-5551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162939**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VIRGENE A. BEAM**

Mailing Address 2247 QUEENSBOROUGH LN

City

LOS ANGELES

State

CA

Zip Code

90077-1352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165409**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES BEAMS**

Mailing Address 29 GREEN LN

City  
WESTON

State Zip Code  
MA 02493-2307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173922**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JONATHAN BEAN**

Mailing Address 955 LEXINGTON AVE  
APT 7-C

City  
NEW YORK

State Zip Code  
NY 10021-5128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168623**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARGARET E. BEAN**

Mailing Address 2221 STONERIDGE RD

City  
NISKAYUNA

State Zip Code  
NY 12309-5523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DELOITTE CONSULTING

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.181443**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM BEAN**

Mailing Address 23402 HOLLY HOLLOW ST

City	State	Zip Code
TOMBALL	TX	77377-3685

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FAB SPECIALTIES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.160461**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRIAN BEARDSLEE**

Mailing Address 10029 WINDING RIVER RD

City	State	Zip Code
PUNTA GORDA	FL	33950-1302

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170138**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRIAN BEARDSLEE**

Mailing Address 10029 WINDING RIVER RD

City	State	Zip Code
PUNTA GORDA	FL	33950-1302

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177801**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES BEARD**

Mailing Address 905 ALBEMARLE CT

City  
LOUISVILLE

State Zip Code  
KY 40222-5646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PAPERCONC CORP.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.167283**

Date of Receipt

M M / D D / Y Y Y Y  
10 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JORDAN BEARDEN**

Mailing Address 3244 JONES CT NW

City  
WASHINGTON

State Zip Code  
DC 20007-2754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BGR GROUP

Occupation  
ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163252**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD ALEX BEARD IV**

Mailing Address 509 DECATUR ST

City  
BROOKLYN

State Zip Code  
NY 11233-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158535**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 159 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN BEARD**

Mailing Address 2414 RUTLAND RD

City

DAVIDSONVILLE

State

MD

Zip Code

21035-1126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.158160**

Date of Receipt

**10 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN BEARD**

Mailing Address 2414 RUTLAND RD

City

DAVIDSONVILLE

State

MD

Zip Code

21035-1126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.168933**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN BEARD**

Mailing Address 2414 RUTLAND RD

City

DAVIDSONVILLE

State

MD

Zip Code

21035-1126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.169643**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

36.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 160 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN BEARD**

Mailing Address 2414 RUTLAND RD

City	State	Zip Code
DAVIDSONVILLE	MD	21035-1126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.173639**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN BEARD**

Mailing Address 2414 RUTLAND RD

City	State	Zip Code
DAVIDSONVILLE	MD	21035-1126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.174863**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DARREN BEARSON**

Mailing Address 7580 POTOMAC FALL RD

City	State	Zip Code
MCLEAN	VA	22102-1401

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ACCCE

Occupation  
SR. VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.167326**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CRAIG T. BEAZER**

Mailing Address 20 ASHLEY RD

City	State	Zip Code
HASTINGS ON HUDSON	NY	10706-3502

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE BANK OF NEW YORK MELLON**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420.00

**Transaction ID : SA17.174653**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MEREDITH M. BEBEE**

Mailing Address 3600 HANOVER ST

City	State	Zip Code
DALLAS	TX	75225-7210

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175037**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM KYLE BEBEE**

Mailing Address 3600 HANOVER ST

City	State	Zip Code
DALLAS	TX	75225-7210

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OIL & GAS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175024**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JANET SUE BECK**

Mailing Address 6211 RAINTREE CT

City	State	Zip Code
DALLAS	TX	75254-8602

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165459**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY BECK**

Mailing Address 4309 ARROYO DR

City	State	Zip Code
MIDLAND	TX	79707-3605

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.168176**

Date of Receipt

MM / DD / YYYY  
11 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY BECK**

Mailing Address 4309 ARROYO DR

City	State	Zip Code
MIDLAND	TX	79707-3605

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.177644**

Date of Receipt

MM / DD / YYYY  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1275.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT BECK**

Mailing Address 909 S OCEAN BLVD

City

DELRAY BEACH

State

FL

Zip Code

33483-6639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.167144**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT BECK**

Mailing Address 909 S OCEAN BLVD

City

DELRAY BEACH

State

FL

Zip Code

33483-6639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172093**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT BECK**

Mailing Address 909 S OCEAN BLVD

City

DELRAY BEACH

State

FL

Zip Code

33483-6639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179558**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ASHLEY BECKER**

Mailing Address **625 E MONROE AVE**  
**APT 347**

City **ALEXANDRIA** State **VA** Zip Code **22301-3028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAMS, INC.**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.20**

**Transaction ID : SA17.168145**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**436.30**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ASHLEY BECKER**

Mailing Address **625 E MONROE AVE**  
**APT 347**

City **ALEXANDRIA** State **VA** Zip Code **22301-3028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAMS, INC.**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.20**

**Transaction ID : SA17.175400**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**436.30**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ASHLEY BECKER**

Mailing Address **625 E MONROE AVE**  
**APT 347**

City **ALEXANDRIA** State **VA** Zip Code **22301-3028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAMS, INC.**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.20**

**Transaction ID : SA17.175400B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-0.20**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**872.60**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ASHLEY BECKER**

Mailing Address **625 E MONROE AVE**  
**APT 347**

City **ALEXANDRIA** State **VA** Zip Code **22301-3028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAMS, INC.**

Occupation  
**CONSULTING**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.20**

**Transaction ID : SA17.178124**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**0.20**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**BRUCE BECKER**

Mailing Address **9835 MENARD CIR**

City **SAN ANTONIO** State **TX** Zip Code **78245-2850**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FEDERAL GOVERNMENT**

Occupation  
**FMR SPECIAL AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2350.00**

**Transaction ID : SA17.159412**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRUCE BECKER**

Mailing Address **9835 MENARD CIR**

City **SAN ANTONIO** State **TX** Zip Code **78245-2850**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FEDERAL GOVERNMENT**

Occupation  
**FMR SPECIAL AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2350.00**

**Transaction ID : SA17.168397**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRUCE BECKER**

Mailing Address 9835 MENARD CIR

City

SAN ANTONIO

State

TX

Zip Code

78245-2850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FEDERAL GOVERNMENT

Occupation

FMR SPECIAL AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2350.00

**Transaction ID : SA17.175849**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRUCE BECKER**

Mailing Address 9835 MENARD CIR

City

SAN ANTONIO

State

TX

Zip Code

78245-2850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FEDERAL GOVERNMENT

Occupation

FMR SPECIAL AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2350.00

**Transaction ID : SA17.176523**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM MARTSON BECKER**

Mailing Address 232 LOCHA DR

City

JUPITER

State

FL

Zip Code

33458-7733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172996**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DEAN L. BECKSTEAD**

Mailing Address 7092 PLACIDA RD

City	State	Zip Code
PLACIDA	FL	33946-2501

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
ISLAND HARBOR RESORT MANAGEMENT INC	EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169233**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**JAMIE BECKSTEAD**

Mailing Address 7092 PLACIDA RD

City	State	Zip Code
PLACIDA	FL	33946-2501

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
ISLAND HARBOR RESORT MANAGEMENT	MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.170711**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CARLA BECNEL**

Mailing Address 3511 BURNT PINE LN

City	State	Zip Code
MIRAMAR BEACH	FL	32550-1836

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
SANDESTIN INVESTMENTS,LLC	DESIGN AND DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158931**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD BEGG**

Mailing Address 605 SHARON RD

City

BEAVER

State

PA

Zip Code

15009-1919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HERITAGE VALLEY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.155306**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD BEGG**

Mailing Address 605 SHARON RD

City

BEAVER

State

PA

Zip Code

15009-1919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HERITAGE VALLEY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.167582**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICHARD BEGG**

Mailing Address 605 SHARON RD

City

BEAVER

State

PA

Zip Code

15009-1919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HERITAGE VALLEY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.168379**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

165.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD BEGG**

Mailing Address 605 SHARON RD

City  
**BEAVER**

State Zip Code  
**PA 15009-1919**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HERITAGE VALLEY**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.168380**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD A. BEHRENSHAUSEN**

Mailing Address 1101 RIM RD

City  
**EL PASO**

State Zip Code  
**TX 79902-2741**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.177897**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANN BEIGHTOL**

Mailing Address 3800 LELAND ST

City  
**CHEVY CHASE**

State Zip Code  
**MD 20815-4902**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.173636**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL BEIGHTOL**

Mailing Address 414 CONCORD LN

City	State	Zip Code
NORTH BARRINGTON	IL	60010-2208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**COYOTE MARSH & ASSOCIATES, INC.**

Occupation  
**PUBLIC RELATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168577**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SCOTT BEIGHTOL**

Mailing Address W310S2525 CREGENNAN BAE

City	State	Zip Code
WALES	WI	53183-9677

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MICHAEL BEST & FRIEDRICH, LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166533**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK A. BEISSE**

Mailing Address 2205 NE 92ND ST

City	State	Zip Code
SEATTLE	WA	98115-3369

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.158769**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK A. BEISSE**

Mailing Address 2205 NE 92ND ST

City	State	Zip Code
SEATTLE	WA	98115-3369

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.170543**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK A. BEISSE**

Mailing Address 2205 NE 92ND ST

City	State	Zip Code
SEATTLE	WA	98115-3369

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.174990**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BENTON BEJACH**

Mailing Address 10582 MIRA VISTA DR

City	State	Zip Code
NORTH TUSTIN	CA	92705-2570

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.170569**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BENTON BEJACH**

Mailing Address 10582 MIRA VISTA DR

City	State	Zip Code
NORTH TUSTIN	CA	92705-2570

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.179142**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL LANE BELITZKY**

Mailing Address 4611 1/2 MACARTHUR BLVD NW

City	State	Zip Code
WASHINGTON	DC	20007-7537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATIONAL ELECTRICAL  
MANUFACTURERS ASSO  
Receipt For: 2016

Occupation  
GOVERNMENT RELATIONS

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.157936**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL LANE BELITZKY**

Mailing Address 4611 1/2 MACARTHUR BLVD NW

City	State	Zip Code
WASHINGTON	DC	20007-7537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATIONAL ELECTRICAL  
MANUFACTURERS ASSO  
Receipt For: 2016

Occupation  
GOVERNMENT RELATIONS

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.163532**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL LANE BELITZKY**

Mailing Address 4611 1/2 MACARTHUR BLVD NW

City	State	Zip Code
WASHINGTON	DC	20007-7537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
NATIONAL ELECTRICAL MANUFACTURERS	GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.174422**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL LANE BELITZKY**

Mailing Address 4611 1/2 MACARTHUR BLVD NW

City	State	Zip Code
WASHINGTON	DC	20007-7537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
NATIONAL ELECTRICAL MANUFACTURERS ASSO	GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.180789**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL LANE BELITZKY**

Mailing Address 4611 1/2 MACARTHUR BLVD NW

City	State	Zip Code
WASHINGTON	DC	20007-7537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
NATIONAL ELECTRICAL MANUFACTURERS ASSO	GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.180790**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL LANE BELITZKY**

Mailing Address 4611 1/2 MACARTHUR BLVD NW

City	State	Zip Code
WASHINGTON	DC	20007-7537

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
NATIONAL ELECTRICAL MANUFACTURERS	GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.180791**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARAH BELKNAP**

Mailing Address 805 N WAYNE ST

City	State	Zip Code
ARLINGTON	VA	22201-1833

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
I360	PRODUCT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2130.00

**Transaction ID : SA17.158482**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

980.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARAH BELKNAP**

Mailing Address 805 N WAYNE ST

City	State	Zip Code
ARLINGTON	VA	22201-1833

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
I360	PRODUCT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2130.00

**Transaction ID : SA17.162626**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1480.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS BELL**

Mailing Address **3854 FELDSPAR AVE**

City  
**LAS VEGAS**

State  
**NV**

Zip Code  
**89120-3818**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171824**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DRUMMOND BELL**

Mailing Address **72 WILLOW ST**

City  
**SOUTHPORT**

State  
**CT**

Zip Code  
**06890-1428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165508**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN J. BELL**

Mailing Address **4318 COUNTRY CLUB DR N**

City  
**WILSON**

State  
**NC**

Zip Code  
**27896-9108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173089**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. LINDA L. BELL**

Mailing Address 1798 HARTFORD TPKE

City	State	Zip Code
NORTH HAVEN	CT	06473-1271

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PAUL C. HIGGINS, INC.**

Occupation  
**ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

360.00

**Transaction ID : SA17.158771**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LINDA L. BELL**

Mailing Address 1798 HARTFORD TPKE

City	State	Zip Code
NORTH HAVEN	CT	06473-1271

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PAUL C. HIGGINS, INC.**

Occupation  
**ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

360.00

**Transaction ID : SA17.161905**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LINDA L. BELL**

Mailing Address 1798 HARTFORD TPKE

City	State	Zip Code
NORTH HAVEN	CT	06473-1271

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PAUL C. HIGGINS, INC.**

Occupation  
**ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

360.00

**Transaction ID : SA17.172477**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

110.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. LINDA L. BELL**

Mailing Address 1798 HARTFORD TPKE

City

NORTH HAVEN

State

CT

Zip Code

06473-1271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PAUL C. HIGGINS, INC.

Occupation

ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

360.00

**Transaction ID : SA17.179789**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LOU ELLEN BELL**

Mailing Address 70 W LUCERNE CIR  
APT 1907

City

ORLANDO

State

FL

Zip Code

32801-3773

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.162413**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAMELA R. BELL**

Mailing Address 7902 BRACKEN CT

City

AUSTIN

State

TX

Zip Code

78731-1911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.174002**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILBUR O. BELL**

Mailing Address **813 BOLIVAR ST**

City

**THE VILLAGES**

State

**FL**

Zip Code

**32159-5716**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.178172**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID A. BELLAMY**

Mailing Address **3632 MOSSY CREEK LN**

City

**TALLAHASSEE**

State

**FL**

Zip Code

**32311-3638**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TALLAHASSEE ORTHOPAEDIC CLINIC**

Occupation

**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166598**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY BELLAMY**

Mailing Address **3632 MOSSY CREEK LN**

City

**TALLAHASSEE**

State

**FL**

Zip Code

**32311-3638**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166597**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. LAWRENCE BELLETTI M.D.**

Mailing Address 4320 21ST AVE

City  
ASTORIA

State Zip Code  
NY 11105-1326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NSLIJ HEALTH SYSTEM

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.156651**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS BELLONE**

Mailing Address 7119 COLISEUM ST

City  
NEW ORLEANS

State Zip Code  
LA 70118-4817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PROPERTY SOUTH

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174177**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALEXIS BELOTE**

Mailing Address 103 CRESTWOOD CT

City  
RED OAK

State Zip Code  
TX 75154-6240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DELOITTE CONSULTING, LLP

Occupation  
BUSINESS ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168178**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHELSEA BELOTE**

Mailing Address **3355 BLACKBURN ST**  
**APT 8308**

City **DALLAS** State **TX** Zip Code **75204-4508**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HAYNES AND BOONE, LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168179**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. THOMAS W. BENDER III**

Mailing Address **33120 BOARDWALK DR**

City **SPANISH FORT** State **AL** Zip Code **36527-7019**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ADVANCED DERMATOLOGY**

Occupation  
**DERMATOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.165989**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. THOMAS W. BENDER III**

Mailing Address **33120 BOARDWALK DR**

City **SPANISH FORT** State **AL** Zip Code **36527-7019**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ADVANCED DERMATOLOGY**

Occupation  
**DERMATOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.174112**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1250.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. CATHERINE C. BENFIELD**

Mailing Address **849 ISLAND POINT LN**

City

**CHAPIN**

State

**SC**

Zip Code

**29036-7602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**PSYCHOLOGIST**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**378.08**

**Transaction ID : SA17.181530**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY R. BENITZ**

Mailing Address **50 RUTLAND BLVD**

City

**WEST PALM BEACH**

State

**FL**

Zip Code

**33405-5057**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BENITZ BUILDING**

Occupation

**OWNER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.178077**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BROCK BENJAMIN**

Mailing Address **4100 OKEEFE DR**

City

**EL PASO**

State

**TX**

Zip Code

**79902-1316**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**505.00**

**Transaction ID : SA17.176376**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2005.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BROCK BENJAMIN**

Mailing Address 4100 OKEEFE DR

City	State	Zip Code
EL PASO	TX	79902-1316

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

**Transaction ID : SA17.177048**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EMANUEL V. BENJAMIN III**

Mailing Address 2305 COLISEUM ST

City	State	Zip Code
NEW ORLEANS	LA	70130-5768

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.173171**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH BENKERT**

Mailing Address 3934 FORT WORTH AVE

City	State	Zip Code
ALEXANDRIA	VA	22304-1711

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE COHEN GROUP**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171656**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2005.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRYCE H. BENNETT JR.**

Mailing Address 6759 THOROUGHbred DR

City	State	Zip Code
INDIANAPOLIS	IN	46278-1273

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RILEY BENNETT & EGLOFF

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161321**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ERIC BENNETT**

Mailing Address 3500 WENTWOOD DRIVE

City	State	Zip Code
DALLAS	TX	75225-5011

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UT DALLAS

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169068**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. KELLEY BENNETT M.D.**

Mailing Address 3131 MCKINNEY AVE

City	State	Zip Code
DALLAS	TX	75204-7426

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169432**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBIN BENNETT**

Mailing Address **3500 WENTWOOD DRIVE**

City	State	Zip Code
DALLAS	TX	75225-5011

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.169067**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT BALLARD BENNETT**

Mailing Address **950 NW 22ND AVE**

City	State	Zip Code
MIAMI	FL	33125-3343

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.161277**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HON. ALLAN G. BENSE**

Mailing Address **1405 W BEACH DR**

City	State	Zip Code
PANAMA CITY	FL	32401-1965

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.173097**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HON. ALLAN G. BENSE**

Mailing Address 1405 W BEACH DR

City

PANAMA CITY

State

FL

Zip Code

32401-1965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.173097B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**HON. ALLAN G. BENSE**

Mailing Address 1405 W BEACH DR

City

PANAMA CITY

State

FL

Zip Code

32401-1965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175928**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MRS. TONIE L. BENSE**

Mailing Address 1405 W BEACH DR

City

PANAMA CITY

State

FL

Zip Code

32401-1965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.173100**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. TONIE L. BENSE**

Mailing Address 1405 W BEACH DR

City

PANAMA CITY

State

FL

Zip Code

32401-1965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.173100B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MRS. TONIE L. BENSE**

Mailing Address 1405 W BEACH DR

City

PANAMA CITY

State

FL

Zip Code

32401-1965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175929**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MRS. GAYLE BENSON**

Mailing Address 16 AUDUBON PL

City

NEW ORLEANS

State

LA

Zip Code

70118-5526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174777**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LOUELLA FAUL BENSON**

Mailing Address PO BOX 11491

City	State	Zip Code
ALEXANDRIA	VA	22312-0491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.165631**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS BENSON JR.**

Mailing Address 16 AUDUBON PL

City	State	Zip Code
NEW ORLEANS	LA	70118-5526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
BUSINESSMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174783**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JOYCE LI BENTON**

Mailing Address 678 BEND DR

City	State	Zip Code
SUNNYVALE	CA	94087-4224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEXYN CORPORATION

Occupation  
Q.A.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157354**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2775.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City	State	Zip Code
SUNNYVALE	CA	94087-4224

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEXYN CORPORATION**

Occupation  
**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158287**

Date of Receipt

**10 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City	State	Zip Code
SUNNYVALE	CA	94087-4224

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEXYN CORPORATION**

Occupation  
**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159570**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City	State	Zip Code
SUNNYVALE	CA	94087-4224

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEXYN CORPORATION**

Occupation  
**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160111**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 189 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City	State	Zip Code
SUNNYVALE	CA	94087-4224

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEXYN CORPORATION**

Occupation  
**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162373**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City	State	Zip Code
SUNNYVALE	CA	94087-4224

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEXYN CORPORATION**

Occupation  
**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162773**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City	State	Zip Code
SUNNYVALE	CA	94087-4224

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEXYN CORPORATION**

Occupation  
**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165046**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166185**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.167163**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168018**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**325.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170105**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170347**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.171205**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.171208**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174531**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175753**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 193 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.176672**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177785**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178340**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 194 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178341**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178625**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOYCE LI BENTON**

Mailing Address **678 BEND DR**

City

**SUNNYVALE**

State

**CA**

Zip Code

**94087-4224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEXYN CORPORATION**

Occupation

**Q.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178626**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**175.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT M. BEREN**

Mailing Address 13840 LE MANS WAY

City	State	Zip Code
PALM BEACH GARDENS	FL	33410-1266

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BEREXCO INC.**

Occupation  
**OIL & GAS PRODUCER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.170583**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK BERG**

Mailing Address 5205 N O CONNOR BLVD  
STE 200

City	State	Zip Code
IRVING	TX	75039-3789

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PIONEER NATURAL RESOURCES**

Occupation  
**E.V.P. CHIEF COMM. OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160714**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DARRYL D. BERGER SR.**

Mailing Address 6000 SAINT CHARLES AVE

City	State	Zip Code
NEW ORLEANS	LA	70118-6118

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE BERGER COMPANY**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173632**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN BERGER**

Mailing Address **4 ABERDEEN RD**

City <b>CHATHAM</b>	State <b>NJ</b>	Zip Code <b>07928-1537</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THIRD POINT**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174334**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LOUELLEN BERGER**

Mailing Address **6000 SAINT CHARLES AVE**

City <b>NEW ORLEANS</b>	State <b>LA</b>	Zip Code <b>70118-6118</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173633**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES L. BERGMAN**

Mailing Address **699 SEDGEWOOD DR**

City <b>ROCK HILL</b>	State <b>SC</b>	Zip Code <b>29732-2317</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.164362**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5700.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROGER BERGMANN**

Mailing Address 4947 LAKERIDGE TERRACE LN

City	State	Zip Code
RENO	NV	89509-5835

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.169931**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DANIELLE BERGNER**

Mailing Address 2757 S ELLEN ST

City	State	Zip Code
MILWAUKEE	WI	53207-2337

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MICHAEL BEST & FRIEDRICH LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166532**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM BERGNER**

Mailing Address 4545 S HIGH ST

City	State	Zip Code
ENGLEWOOD	CO	80113-6013

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158416**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRADLEY BERKLEY**

Mailing Address **2811 MCKINNEY AVE**  
**STE 230**

City **DALLAS** State **TX** Zip Code **75204-0737**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RADIANT OUTDOOR**

Occupation  
**ADVERTISING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.168632**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVEN BERKOWITZ**

Mailing Address **1200 EAGLE AVE**

City **OCEAN** State **NJ** Zip Code **07712-7631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SEAVIEW ORTHOPAEDICS**

Occupation  
**ORTHOPEDICS PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.156632**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVEN BERKOWITZ**

Mailing Address **1200 EAGLE AVE**

City **OCEAN** State **NJ** Zip Code **07712-7631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SEAVIEW ORTHOPAEDICS**

Occupation  
**ORTHOPEDICS PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.159366**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1125.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEVEN BERKOWITZ**

Mailing Address 1200 EAGLE AVE

City	State	Zip Code
OCEAN	NJ	07712-7631

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SEAVIEW ORTHOPAEDICS

Occupation  
ORTHOPEDICS PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.168375**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVEN BERKOWITZ**

Mailing Address 1200 EAGLE AVE

City	State	Zip Code
OCEAN	NJ	07712-7631

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SEAVIEW ORTHOPAEDICS

Occupation  
ORTHOPEDICS PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.176380**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES BERMAN**

Mailing Address 7 NYLKED TER

City	State	Zip Code
NORWALK	CT	06853-1716

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CBD, LLC

Occupation  
REAL ESTATE INVESTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157020**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 200 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RANDALL BERMAN**

Mailing Address 108 INWOOD AVE

City	State	Zip Code
MONTCLAIR	NJ	07043-2317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONTINENTAL FOOD & BEVERAGE, INC.

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.144289**

Date of Receipt

**09 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

3700.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RANDALL BERMAN**

Mailing Address 108 INWOOD AVE

City	State	Zip Code
MONTCLAIR	NJ	07043-2317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONTINENTAL FOOD & BEVERAGE, INC.

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.144289B**

Date of Receipt

**11 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MR. RANDALL BERMAN**

Mailing Address 108 INWOOD AVE

City	State	Zip Code
MONTCLAIR	NJ	07043-2317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONTINENTAL FOOD & BEVERAGE, INC.

Occupation  
EXECUTIVE

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.166545**

Date of Receipt

**11 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ALEXIA ISABEL BERMELLO**

Mailing Address 5745 RIVIERA DR

City	State	Zip Code
CORAL GABLES	FL	33146-2750

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BAP DEVELOPMENT, INC.

Occupation  
VP SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

**Transaction ID : SA17.155177**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☐ Memo Item

CHECK RETURNED BY BANK

**B. Full Name (Last, First, Middle Initial)**

**MR. ROLAND JOHN BERNARD III**

Mailing Address 6476 LAKE BURDEN VIEW DR

City	State	Zip Code
WINDERMERE	FL	34786-5643

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUND DESIGN

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159077**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NATALIE BERNECKER**

Mailing Address 2836 LAKE DR SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-4219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

**Transaction ID : SA17.165723**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

4000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4500.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NATALIE BERNECKER**

Mailing Address 2836 LAKE DR SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-4219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

**Transaction ID : SA17.165723B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-1300.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**NATALIE BERNECKER**

Mailing Address 2836 LAKE DR SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-4219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

**Transaction ID : SA17.183884**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1300.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROL LAVIN BERNICK**

Mailing Address 179 E LAKE SHORE DR

City	State	Zip Code
CHICAGO	IL	60611-1340

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
POLISHED NICKEL CAPITAL  
MANAGEMENT

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158589**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ARMY BERNSTEIN**

Mailing Address 2900 OLYMPIC BLVD

City	State	Zip Code
SANTA MONICA	CA	90404

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175086**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CRAIG BERNSTEIN**

Mailing Address 17675 LAKE ESTATES DR

City	State	Zip Code
BOCA RATON	FL	33496-1425

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172090**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ERIKA E. BERRY**

Mailing Address 487 GILL RD

City	State	Zip Code
BRANDON	MS	39042-9788

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MISSISSIPPI STATE SENATE

Occupation  
POLICY ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174084**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN BERTOZZI**

Mailing Address 2915 W WALLCRAFT AVE

City	State	Zip Code
TAMPA	FL	33611-1650

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RASP

Occupation  
RADIOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.167392**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN BERTOZZI**

Mailing Address 2915 W WALLCRAFT AVE

City	State	Zip Code
TAMPA	FL	33611-1650

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RASP

Occupation  
RADIOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.180846**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID BERWICK**

Mailing Address 6831 N SKYWAY DR

City	State	Zip Code
TUCSON	AZ	85718-1121

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BERWICK INSURANCE GROUP

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161564**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES BERWICK**

Mailing Address 6148 E COYOTES DEN PL

City	State	Zip Code
TUCSON	AZ	85750-2096

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BERWICK INSURANCE GROUP**

Occupation  
**INSURANCE BROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160099**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN BETTIS**

Mailing Address 5959 VALLEY WAY

City	State	Zip Code
TRUSSVILLE	AL	35173-2877

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

389.00

**Transaction ID : SA17.168494**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

389.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES BEYER**

Mailing Address PO BOX 13265

City	State	Zip Code
BURTON	WA	98013-0265

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FACEBOOK**

Occupation  
**SOFTWARE ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.160543**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1489.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES BEYER**

Mailing Address PO BOX 13265

City

BURTON

State

WA

Zip Code

98013-0265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FACEBOOK

Occupation

SOFTWARE ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.167267**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLES BEYER**

Mailing Address PO BOX 13265

City

BURTON

State

WA

Zip Code

98013-0265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FACEBOOK

Occupation

SOFTWARE ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.172281**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES BEYER**

Mailing Address PO BOX 13265

City

BURTON

State

WA

Zip Code

98013-0265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FACEBOOK

Occupation

SOFTWARE ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.177675**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

325.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES BEYER**

Mailing Address PO BOX 13265

City  
**BURTON**

State Zip Code  
**WA 98013-0265**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FACEBOOK**

Occupation  
**SOFTWARE ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.179793**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NOEL BEZETTE-FLORES**

Mailing Address 1804 MASON ST

City  
**HOUSTON**

State Zip Code  
**TX 77019-5428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INNOVATE AT WORK**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.173405**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NORMAN BEZNOS**

Mailing Address 1960 SHERWOOD GLN

City  
**BLOOMFIELD TOWNSHIP**

State Zip Code  
**MI 48302-1772**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3500.00**

**Transaction ID : SA17.165420**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1075.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NORMAN BEZNOS**

Mailing Address 1960 SHERWOOD GLN

City	State	Zip Code
BLOOMFIELD TOWNSHIP	MI	48302-1772

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

**Transaction ID : SA17.165420B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-800.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. NORMAN BEZNOS**

Mailing Address 1960 SHERWOOD GLN

City	State	Zip Code
BLOOMFIELD TOWNSHIP	MI	48302-1772

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE DEVELOPER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

**Transaction ID : SA17.183886**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MRS. SHEELA BHANDARI**

Mailing Address 20 CHOATE

City	State	Zip Code
IRVINE	CA	92620-3320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162951**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DHRUV BHATIA**

Mailing Address **115 CENTRAL PARK W**  
**APT 7D**

City **NEW YORK** State **NY** Zip Code **10023-4161**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160704**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICKEY BHATIA**

Mailing Address **115 CENTRAL PARK W**  
**APT 7D**

City **NEW YORK** State **NY** Zip Code **10023-4161**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CITIGROUP**

Occupation  
**BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160723**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILLIP BIANCHINI**

Mailing Address **319 HENLEY ST**

City **BIRMINGHAM** State **MI** Zip Code **48009-5680**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EMPIRE TILE & MARBLE**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159484**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. VERA E. BIANCHINI**

Mailing Address **3121 W COAST HWY**  
**APT 6C**

City **NEWPORT BEACH** State **CA** Zip Code **92663-4071**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171792**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANET BIBI**

Mailing Address **252 PINEY POINT RD**

City **HOUSTON** State **TX** Zip Code **77024-7325**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1350.00**

**Transaction ID : SA17.169070**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANET BIBI**

Mailing Address **252 PINEY POINT RD**

City **HOUSTON** State **TX** Zip Code **77024-7325**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1350.00**

**Transaction ID : SA17.172769**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANET BIBI**

Mailing Address 252 PINEY POINT RD

City

HOUSTON

State

TX

Zip Code

77024-7325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.175249**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANET BIBI**

Mailing Address 252 PINEY POINT RD

City

HOUSTON

State

TX

Zip Code

77024-7325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.179794**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LAFAWN BIDDLE**

Mailing Address PO BOX 101780

City

DENVER

State

CO

Zip Code

80250-1780

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161507**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARTIN BIENENSTOCK**

Mailing Address 514 MT HOLLY RD

City

KATONAH

State

NY

Zip Code

10536-2405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PROSKAUER ROSE LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158961**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BROCK D. BIERMAN**

Mailing Address 35086 HARRY BYRD HWY

City

ROUND HILL

State

VA

Zip Code

20141-2124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ANCESTRY

Occupation

SR. DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.156407**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BROCK D. BIERMAN**

Mailing Address 35086 HARRY BYRD HWY

City

ROUND HILL

State

VA

Zip Code

20141-2124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ANCESTRY

Occupation

SR. DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.156407B**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 213 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BROCK D. BIERMAN**

Mailing Address 35086 HARRY BYRD HWY

City	State	Zip Code
ROUND HILL	VA	20141-2124

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ANCESTRY**

Occupation  
**SR. DIRECTOR**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.162320**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL D. BILLINGS**

Mailing Address 840 MEADOWBROOK RD

City	State	Zip Code
JACKSON	MS	39206-5942

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TIMBER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.173645**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICHARD BILOTTI**

Mailing Address 1185 PARK AVE

City	State	Zip Code
NEW YORK	NY	10128-1308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**P. SCHOENFELD ASSET MGMT**

Occupation  
**PORTFOLIO MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169899**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM E. BINDLEY**

Mailing Address 4301 CUTLASS LN

City	State	Zip Code
NAPLES	FL	34102-7943

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BINDLEY CAPITAL PARTNERS**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159249**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATHY BINTZ**

Mailing Address 1235 39TH AVE E

City	State	Zip Code
SEATTLE	WA	98112-4403

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CRP**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.160548**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. OTTAVIO BIONDI JR.**

Mailing Address 730 PARK AVE

City	State	Zip Code
NEW YORK	NY	10021-4945

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KING STREET CAPITAL MANAGEMENT**

Occupation  
**MANAGING MEMBER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172977**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. BRITTANY BUSSIAN BIRCH**

Mailing Address 803 IVY MEADOW LN

City	State	Zip Code
DURHAM	NC	27707-6184

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NC SUPREME COURT

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.158451**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. BRITTANY BUSSIAN BIRCH**

Mailing Address 803 IVY MEADOW LN

City	State	Zip Code
DURHAM	NC	27707-6184

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NC SUPREME COURT

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.167990**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JONATHAN BIRNBREY**

Mailing Address 2918 MITCHELL CV NE

City	State	Zip Code
BROOKHAVEN	GA	30319-2696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE SHOPPING CENTER GROUP

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169609**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

CONTRIBUTION

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3500.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FREDERICK W. BISBEE**

Mailing Address 915 WALNUT ST

City	State	Zip Code
STATE COLLEGE	PA	16801-6015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.171868**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. BARNEY BISHOP III**

Mailing Address 204 S MONROE ST  
STE 201

City	State	Zip Code
TALLAHASSEE	FL	32301-1800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BARNEY BISHOP CONSULTING LLC

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.180594**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KOSAR BISHOP**

Mailing Address 701 S OLIVE AVE  
APT 1804

City	State	Zip Code
WEST PALM BEACH	FL	33401-6530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IMPALA ASSET MANAGEMENT

Occupation  
ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2795.00

**Transaction ID : SA17.168477**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

95.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

795.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KOSAR BISHOP**

Mailing Address 701 S OLIVE AVE  
APT 1804

City WEST PALM BEACH State FL Zip Code 33401-6530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IMPALA ASSET MANAGEMENT

Occupation  
ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2795.00

**Transaction ID : SA17.168477B**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-95.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**KOSAR BISHOP**

Mailing Address 701 S OLIVE AVE  
APT 1804

City WEST PALM BEACH State FL Zip Code 33401-6530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IMPALA ASSET MANAGEMENT

Occupation  
ANALYST

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2795.00

**Transaction ID : SA17.168682**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

95.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MARY A. BISHOP**

Mailing Address 239 W SABAL PALM PL

City LONGWOOD State FL Zip Code 32779-3651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.158135**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

10.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY A. BISHOP**

Mailing Address 239 W SABAL PALM PL

City

LONGWOOD

State

FL

Zip Code

32779-3651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.159658**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY A. BISHOP**

Mailing Address 239 W SABAL PALM PL

City

LONGWOOD

State

FL

Zip Code

32779-3651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.167189**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY A. BISHOP**

Mailing Address 239 W SABAL PALM PL

City

LONGWOOD

State

FL

Zip Code

32779-3651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.172527**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY A. BISHOP**

Mailing Address 239 W SABAL PALM PL

City

LONGWOOD

State

FL

Zip Code

32779-3651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.179795**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT J. BISHOP**

Mailing Address 628 WEST RD

City

NEW CANAAN

State

CT

Zip Code

06840-2513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

IMPALA

Occupation

PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162845**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SUSAN BISHOP**

Mailing Address 628 WEST RD

City

NEW CANAAN

State

CT

Zip Code

06840-2513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162844**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A.** Full Name (Last, First, Middle Initial)

DR. SUHIR BITAR

Mailing Address 13749 E YUCCA ST

City

SCOTTSDALE

State

AZ

Zip Code

85259-4641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAPPY KIDS PEDIATRICS

Occupation

DOCTOR/PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Transaction ID : SA17.158904

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)

DR. SUHIR BITAR

Mailing Address 13749 E YUCCA ST

City

SCOTTSDALE

State

AZ

Zip Code

85259-4641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAPPY KIDS PEDIATRICS

Occupation

DOCTOR/PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Transaction ID : SA17.163402

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

DR. SUHIR BITAR

Mailing Address 13749 E YUCCA ST

City

SCOTTSDALE

State

AZ

Zip Code

85259-4641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAPPY KIDS PEDIATRICS

Occupation

DOCTOR/PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Transaction ID : SA17.171427

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1200.00

Total This Period (last page this line number only).....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. SUHIR BITAR**

Mailing Address 13749 E YUCCA ST

City	State	Zip Code
SCOTTSDALE	AZ	85259-4641

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HAPPY KIDS PEDIATRICS**

Occupation  
**DOCTOR/PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.178730**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AARON BITTE**

Mailing Address 13955 TAHITI WAY  
APT 159

City	State	Zip Code
MARINA DEL REY	CA	90292-6572

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KINGSBROOK, INC**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166092**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAY BITTERS**

Mailing Address 13503 MULBERRY CIR

City	State	Zip Code
YUCAIPA	CA	92399-5267

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FIELD ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179422**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK BIVINS**

Mailing Address **PO BOX 708**

City	State	Zip Code
AMARILLO	TX	79105-0708

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CATTLEMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.165600**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address **939 BEACH DR NE**

City	State	Zip Code
ST PETERSBURG	FL	33701-2031

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**238.00**

**Transaction ID : SA17.157118**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address **939 BEACH DR NE**

City	State	Zip Code
ST PETERSBURG	FL	33701-2031

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**238.00**

**Transaction ID : SA17.163073**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2020.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address 939 BEACH DR NE

City

ST PETERSBURG

State

FL

Zip Code

33701-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.165539**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address 939 BEACH DR NE

City

ST PETERSBURG

State

FL

Zip Code

33701-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.165540**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address 939 BEACH DR NE

City

ST PETERSBURG

State

FL

Zip Code

33701-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.166447**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address 939 BEACH DR NE

City

ST PETERSBURG

State

FL

Zip Code

33701-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.166920**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address 939 BEACH DR NE

City

ST PETERSBURG

State

FL

Zip Code

33701-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.167417**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address 939 BEACH DR NE

City

ST PETERSBURG

State

FL

Zip Code

33701-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.171287**

Date of Receipt

MM / DD / YYYY  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

26.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address 939 BEACH DR NE

City

ST PETERSBURG

State

FL

Zip Code

33701-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.174587**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. ALFRED J. BLACK**

Mailing Address 939 BEACH DR NE

City

ST PETERSBURG

State

FL

Zip Code

33701-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.176785**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRENDAN BLACKWELL**

Mailing Address 3700 EDGESTONE DR

City

PLANO

State

TX

Zip Code

75093-7964

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.156723**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

20.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRENDAN BLACKWELL**

Mailing Address 3700 EDGESTONE DR

City PLANO	State TX	Zip Code 75093-7964
---------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.174682**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BRENDAN BLACKWELL**

Mailing Address 3700 EDGESTONE DR

City PLANO	State TX	Zip Code 75093-7964
---------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.179677**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HELEN BLACK**

Mailing Address PO BOX 967

City VERO BEACH	State FL	Zip Code 32961-0967
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INDIAN RIVER COUNTY

Occupation  
OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.159325**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HELEN BLACK**

Mailing Address PO BOX 967

City

VERO BEACH

State

FL

Zip Code

32961-0967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INDIAN RIVER COUNTY

Occupation

OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.168358**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HELEN BLACK**

Mailing Address PO BOX 967

City

VERO BEACH

State

FL

Zip Code

32961-0967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INDIAN RIVER COUNTY

Occupation

OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.176155**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HELEN BLACK**

Mailing Address PO BOX 967

City

VERO BEACH

State

FL

Zip Code

32961-0967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INDIAN RIVER COUNTY

Occupation

OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.180988**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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PAGE 228 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. IAN BLACK**

Mailing Address 4989 GARDINERS BAY CIR

City  
SARASOTA

State Zip Code  
FL 34238-2792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IAN BLACK REAL ESTATE

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173051**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT BLACKWILL**

Mailing Address PO BOX 9557

City  
JACKSON

State Zip Code  
WY 83002-9557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUNCIL ON FOREIGN RELATIONS

Occupation  
ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174233**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RONNIE FOREST BLACKWELDER**

Mailing Address 16535 GRAYS WAY

City  
BROOMFIELD

State Zip Code  
CO 80023-8333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166310**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 229 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VIKKI BLACK**

Mailing Address 23 CHESTERFIELD RD

City

SCARSDALE

State

NY

Zip Code

10583-2205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159852**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID BLAKE**

Mailing Address PO BOX 730

City

BRECKENRIDGE

State

CO

Zip Code

80424-0730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STATE OF COLORADO

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161492**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICHARD BLAKE**

Mailing Address 7135 FOX LEDGES LN

City

CHAGRIN FALLS

State

OH

Zip Code

44022-4033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCDONALD HOPKINS LLC

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157193**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SHERWOOD C. BLAKE**

Mailing Address **2 SUTTON PL S**

**APT 6A**

City

**NEW YORK**

State

**NY**

Zip Code

**10022-3799**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157212**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH D. BLAKLEY**

Mailing Address **2601 N ATLANTIC BLVD**

City

**FORT LAUDERDALE**

State

**FL**

Zip Code

**33308-7507**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158645**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LOUISE BLAND**

Mailing Address **3262 ELLA LEE LN**

City

**HOUSTON**

State

**TX**

Zip Code

**77019-5924**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RIDDELL EXPLORATION**

Occupation

**OFFICE MGR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.166508**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LOUISE BLAND**

Mailing Address 3262 ELLA LEE LN

City

HOUSTON

State

TX

Zip Code

77019-5924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RIDDELL EXPLORATION

Occupation

OFFICE MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.179467**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SIMON E. BLAND**

Mailing Address 1049 5TH AVE  
APT 10B

City

NEW YORK

State

NY

Zip Code

10028-0115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JPMORGAN CHASE

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.159376**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TAYLOR BLANTON**

Mailing Address 27715 STATE HIGHWAY 100

City

LOS FRESNOS

State

TX

Zip Code

78566-7771

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1010.00

**Transaction ID : SA17.162743**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA BLASI**

Mailing Address 2000 ISLAND BOULEVARD

City	State	Zip Code
AVENTURA	FL	33160-4957

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169197**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID BLEE**

Mailing Address 4458 GREENWICH PKWY NW

City	State	Zip Code
WASHINGTON	DC	20007-2068

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173590**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EDWARD W. BLESSING**

Mailing Address 8235 DOUGLAS AVE  
STE 1325

City	State	Zip Code
DALLAS	TX	75225-6003

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BLESSING PETROLEUM GROUP LLC**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166358**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN BLESSING**

Mailing Address PO BOX 395

City  
TULSA

State  
OK

Zip Code  
74101-0395

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1850.00

**Transaction ID : SA17.171155**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

850.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JIM BLEW**

Mailing Address 28212 KELLY JOHNSON PKWY  
SUITE 105

City  
VALENCIA

State  
CA

Zip Code  
91355-5085

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENTS FIRST

Occupation  
NONPROFIT EXEC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.160106**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JIM BLEW**

Mailing Address 28212 KELLY JOHNSON PKWY  
SUITE 105

City  
VALENCIA

State  
CA

Zip Code  
91355-5085

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENTS FIRST

Occupation  
NONPROFIT EXEC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.180741**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MR. TIMOTHY K. BLISS**

Mailing Address PO BOX 50440

City	State	Zip Code
SANTA BARBARA	CA	93150-0440

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ISSBOccupation  
INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179025**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****MRS. VIRGINIA BLISS**

Mailing Address PO BOX 50440

City	State	Zip Code
SANTA BARBARA	CA	93150-0440

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179001**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****DARRYL BLOODWORTH**

Mailing Address 730 LAKE CATHERINE DR

City	State	Zip Code
MAITLAND	FL	32751-5539

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
DEAN MEADOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17.167303**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DARRYL BLOODWORTH**

Mailing Address 730 LAKE CATHERINE DR

City	State	Zip Code
MAITLAND	FL	32751-5539

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DEAN MEAD**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17.176177**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALAN S. BLOOM**

Mailing Address 25601 W 8 MILE RD

City	State	Zip Code
REDFORD	MI	48240-1007

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BLOOM CONSTRUCTION**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.161962**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALAN S. BLOOM**

Mailing Address 25601 W 8 MILE RD

City	State	Zip Code
REDFORD	MI	48240-1007

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BLOOM CONSTRUCTION**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.161962B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

1025.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALAN S. BLOOM**

Mailing Address 25601 W 8 MILE RD

City

REDFORD

State

MI

Zip Code

48240-1007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BLOOM CONSTRUCTION

Occupation

CEO

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.184068**

Date of Receipt

MM / DD / YYYY  
12 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MR. BRADLEY M. BLOOM**

Mailing Address 11 ALBION RD

City

WELLESLEY

State

MA

Zip Code

02481-1304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BERKSHIRE PARTNERS LLC

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174933**

Date of Receipt

MM / DD / YYYY  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSHUA BLOOM**

Mailing Address 4155 HICKORY RIDGE RD

City

ANN ARBOR

State

MI

Zip Code

48105-9700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BLOOM CONSTRUCTION

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158446**

Date of Receipt

MM / DD / YYYY  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MEGAN BLOOMER**

Mailing Address 310 W 52ND ST  
APT 6D

City State Zip Code  
NEW YORK NY 10019-6290

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THIRD POINT

Occupation  
ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157075**

Date of Receipt

M M / D D / Y Y Y Y  
10 05 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MEGAN BARNETT BLOOMGREN**

Mailing Address 5913 SKYLINE HEIGHTS CT

City State Zip Code  
ALEXANDRIA VA 22311-1020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DCI GROUP

Occupation  
PUBLIC AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164250**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JACK BLOSSMAN JR.**

Mailing Address 110 HOLLY ST

City State Zip Code  
MANDEVILLE LA 70448-4526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173245**

Date of Receipt

M M / D D / Y Y Y Y  
12 03 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. WANDA M. BLOUNT**

Mailing Address **2422 CHAPEL HILL RD**

City <b>DECATUR</b>	State <b>MS</b>	Zip Code <b>39327-8707</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.156883**

Date of Receipt

M M / D D / Y Y Y Y
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. WANDA M. BLOUNT**

Mailing Address **2422 CHAPEL HILL RD**

City <b>DECATUR</b>	State <b>MS</b>	Zip Code <b>39327-8707</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.171853**

Date of Receipt

M M / D D / Y Y Y Y
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FELICIA BLUM**

Mailing Address **320 E 57TH ST**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10022-2948</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**METROPOLITAN MUSEUM**

Occupation  
**PART TIME**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172292A**

Date of Receipt

M M / D D / Y Y Y Y
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PHILIP F. BLUMBERG**

Mailing Address **255 ALHAMBRA CIR**  
**STE 1100**

City **CORAL GABLES** State **FL** Zip Code **33134-7412**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLUMBERG CAPITAL PARTNERS**

Occupation  
**COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175011**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT J. BLUMLING**

Mailing Address **919 JEFFERSON DR**

City **PITTSBURGH** State **PA** Zip Code **15229-1208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLUMLING & GUSKEY, LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165672**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SERENA BOARDMAN**

Mailing Address **28 E 73RD ST**

City **NEW YORK** State **NY** Zip Code **10021-4143**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SOTHEBY'S INTERNATIONAL REALTY**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173197**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANTHONY BOAS**

Mailing Address 211 CHAPMAN RD

City	State	Zip Code
MILL VALLEY	CA	94941-3419

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE JANSSEN BOAS CO**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177144**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIMOTHY BOATES**

Mailing Address 1285 SHARPS COVE RD

City	State	Zip Code
GURLEY	AL	35748-8210

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.160084**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID BOCK**

Mailing Address 8705 MENDOCINO DR

City	State	Zip Code
AUSTIN	TX	78735-1421

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.160464**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN W. BODE**

Mailing Address 28389 CATALPA POINT RD

City	State	Zip Code
EASTON	MD	21601-8579

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CORNERSTONE GOVERNMENT AFFAIRS**

Occupation  
**PRINCIPAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174405**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM R. BODE**

Mailing Address 1601 N RANDOLPH ST

City	State	Zip Code
ARLINGTON	VA	22207-3024

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174937**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JESSE R. BODINE**

Mailing Address 50 CREEKWOOD LN

City	State	Zip Code
SAINT LOUIS	MO	63124-1118

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157206**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN BODINE**

Mailing Address 1466 KEIM CIR

City	State	Zip Code
GENEVA	IL	60134-7516

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BODINE ELECTRIC COMPANY**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158513**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARY JANE BODINE**

Mailing Address 50 CREEKWOOD LN

City	State	Zip Code
SAINT LOUIS	MO	63124-1118

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157205**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MADELINE H. BOEDEKER**

Mailing Address 7227 TOKALON DR

City	State	Zip Code
DALLAS	TX	75214-3561

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.157881**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MADELINE H. BOEDEKER**

Mailing Address 7227 TOKALON DR

City	State	Zip Code
DALLAS	TX	75214-3561

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.170852**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK H. BOGASH**

Mailing Address 122 N LINCOLN AVE

City	State	Zip Code
GENEVA	IL	60134-2034

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SAV-WAY LIQUORS

Occupation  
STORE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158511**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**IRA BOGNER**

Mailing Address 10 W 66TH ST  
APT 7G

City	State	Zip Code
NEW YORK	NY	10023-6235

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PROSKAUER ROSE LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.158467**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**IRA BOGNER**

Mailing Address 10 W 66TH ST  
APT 7G

City State Zip Code  
NEW YORK NY 10023-6235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PROSKAUER ROSE LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.158468**

Date of Receipt

M M / D D / Y Y Y Y  
10 12 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. RICHARD A. BOHANNON**

Mailing Address 160 DORADO TER

City State Zip Code  
SAN FRANCISCO CA 94112-1743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.165383**

Date of Receipt

M M / D D / Y Y Y Y  
11 03 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. YVONNE S. BOICE**

Mailing Address 561 GOLDEN HARBOUR DR

City State Zip Code  
BOCA RATON FL 33432-2941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SHOPPES ON 18TH STREET

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158665**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

725.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT BOILLLOT**

Mailing Address PO BOX 811

City

LINN

State

MO

Zip Code

65051-0811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.156611**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT BOILLLOT**

Mailing Address PO BOX 811

City

LINN

State

MO

Zip Code

65051-0811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.169652**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT BOILLLOT**

Mailing Address PO BOX 811

City

LINN

State

MO

Zip Code

65051-0811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.170762**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT BOILLOT**

Mailing Address PO BOX 811

City

LINN

State

MO

Zip Code

65051-0811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.171336**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT BOILLOT**

Mailing Address PO BOX 811

City

LINN

State

MO

Zip Code

65051-0811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.176357**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT BOILLOT**

Mailing Address PO BOX 811

City

LINN

State

MO

Zip Code

65051-0811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.178644**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

55.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT BOILLOT**

Mailing Address PO BOX 811

City

LINN

State

MO

Zip Code

65051-0811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.179198**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. TAMMIE BOISVERT**

Mailing Address 408 WESTERN AVE

City

HAMPDEN

State

ME

Zip Code

04444-1045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SMMC

Occupation

RN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159258**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES BOLDUC**

Mailing Address 221 WARDOUR DR

City

ANNAPOLIS

State

MD

Zip Code

21401-1256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JPB PARTNERS, LLC

Occupation

FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173177**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1025.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN P. BOLDUC**

Mailing Address **6857 GRANADA BLVD**

City	State	Zip Code
CORAL GABLES	FL	33146-3823

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**H.I.G. CAPITAL**

Occupation  
**EXECUTIVE MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173493**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CLINT BOLICK**

Mailing Address **15433 N 11TH ST**

City	State	Zip Code
PHOENIX	AZ	85022-3525

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GOLDWATER INSTITUTE**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173526**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JANE BOLIN**

Mailing Address **5950 BERKSHIRE LN**  
**STE 1100**

City	State	Zip Code
DALLAS	TX	75225-5854

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166557**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAT S. BOLIN**

Mailing Address **5950 BERKSHIRE LN**  
**STE 1100**

City **DALLAS** State **TX** Zip Code **75225-5854**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EAGLE OIL & GAS COMPANY**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166558**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CHARLOTTE BOLLINGER**

Mailing Address **PO BOX 250**

City **LOCKPORT** State **LA** Zip Code **70374-0250**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOLLINGER SHIPYARDS**

Occupation  
**EXECUTIVE VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.175700**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

REFUNDED \$1,000.00 ON 01/13/2016

**C. Full Name (Last, First, Middle Initial)**

**MR. ROGER BOLTON**

Mailing Address **630 OENOK RDG**

City **NEW CANAAN** State **CT** Zip Code **06840-3615**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ARTHUR W. PAGE SOCIETY**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2752.00**

**Transaction ID : SA17.172892**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**52.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3752.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROGER BOLTON**

Mailing Address 630 OENOK RDG

City

NEW CANAAN

State

CT

Zip Code

06840-3615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ARTHUR W. PAGE SOCIETY

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2752.00

**Transaction ID : SA17.172892B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-52.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. ROGER BOLTON**

Mailing Address 630 OENOK RDG

City

NEW CANAAN

State

CT

Zip Code

06840-3615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ARTHUR W. PAGE SOCIETY

Occupation

PRESIDENT

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2752.00

**Transaction ID : SA17.175694**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

52.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**DAVID BONANNO**

Mailing Address 390 PARK AVE

City

NEW YORK

State

NY

Zip Code

10022-4608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THIRD POINT LLC

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158455**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NICHOLAS BONARRIGO**

Mailing Address 2307 CASSIDY DR

City

BETHEL PARK

State

PA

Zip Code

15102-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REED SMITH LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

331.00

**Transaction ID : SA17.166974**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NICHOLAS BONARRIGO**

Mailing Address 2307 CASSIDY DR

City

BETHEL PARK

State

PA

Zip Code

15102-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REED SMITH LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

331.00

**Transaction ID : SA17.167807**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICHOLAS BONARRIGO**

Mailing Address 2307 CASSIDY DR

City

BETHEL PARK

State

PA

Zip Code

15102-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REED SMITH LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

331.00

**Transaction ID : SA17.167877**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

69.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

134.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NICHOLAS BONARRIGO**

Mailing Address 2307 CASSIDY DR

City

BETHEL PARK

State

PA

Zip Code

15102-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REED SMITH LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

331.00

**Transaction ID : SA17.169337**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NICHOLAS BONARRIGO**

Mailing Address 2307 CASSIDY DR

City

BETHEL PARK

State

PA

Zip Code

15102-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REED SMITH LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

331.00

**Transaction ID : SA17.173658**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICHOLAS BONARRIGO**

Mailing Address 2307 CASSIDY DR

City

BETHEL PARK

State

PA

Zip Code

15102-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REED SMITH LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

331.00

**Transaction ID : SA17.179798**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROSALIE BONAR**

Mailing Address 3901 WEST ST  
UNIT 111

City CINCINNATI State OH Zip Code 45227-3386

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161031**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROSALIE BONAR**

Mailing Address 3901 WEST ST  
UNIT 111

City CINCINNATI State OH Zip Code 45227-3386

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169014**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROSALIE BONAR**

Mailing Address 3901 WEST ST  
UNIT 111

City CINCINNATI State OH Zip Code 45227-3386

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175230**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN BOND**

Mailing Address 4142 COUTS ST

City

SAN DIEGO

State

CA

Zip Code

92103-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173556**

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City

DELTONA

State

FL

Zip Code

32725-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.155302**

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City

DELTONA

State

FL

Zip Code

32725-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.159652**

Date of Receipt

MM / DD / YYYY  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City	State	Zip Code
DELTONA	FL	32725-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.163583**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City	State	Zip Code
DELTONA	FL	32725-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166019**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City	State	Zip Code
DELTONA	FL	32725-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.168823**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

75.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City	State	Zip Code
DELTONA	FL	32725-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.170723**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City	State	Zip Code
DELTONA	FL	32725-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.171481**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City	State	Zip Code
DELTONA	FL	32725-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.173316**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City	State	Zip Code
DELTONA	FL	32725-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.174591**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City	State	Zip Code
DELTONA	FL	32725-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.176179**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE BONDINELL**

Mailing Address 1810 W COOPER DR

City	State	Zip Code
DELTONA	FL	32725-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.179799**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

75.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. LAWRENCE B. BONE**

Mailing Address **25150 GOLDCREST DR**  
**APT 722**

City **BONITA SPRINGS** State **FL** Zip Code **34134-0981**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**550.00**

**Transaction ID : SA17.157861**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. NICHOLAS BONFIGLIO**

Mailing Address **900 BISCAYNE BLVD**  
**APT 3505**

City **MIAMI** State **FL** Zip Code **33132-1568**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NICHOLAS EDWARDS CONSULTING INC**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2725.00**

**Transaction ID : SA17.151640**

Date of Receipt

**09 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NICHOLAS BONFIGLIO**

Mailing Address **900 BISCAYNE BLVD**  
**APT 3505**

City **MIAMI** State **FL** Zip Code **33132-1568**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NICHOLAS EDWARDS CONSULTING INC**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2725.00**

**Transaction ID : SA17.151640B**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-25.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NICHOLAS BONFIGLIO**

Mailing Address 900 BISCAYNE BLVD  
APT 3505

City State Zip Code  
MIAMI FL 33132-1568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NICHOLAS EDWARDS CONSULTING INC

Occupation  
CONSULTANT

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2725.00

**Transaction ID : SA17.158281**

Date of Receipt

M M / D D / Y Y Y Y  
10 12 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN BONHER**

Mailing Address 1595 SAN ELIJO AVE

City State Zip Code  
CARDIFF BY THE SEA CA 92007-2420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173555**

Date of Receipt

M M / D D / Y Y Y Y  
12 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARLA H. BOONE**

Mailing Address 3516 UNIVERSITY BLVD

City State Zip Code  
DALLAS TX 75205-1836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169477**

Date of Receipt

M M / D D / Y Y Y Y  
11 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL M. BOONE**

Mailing Address 3516 UNIVERSITY BLVD.

City	State	Zip Code
DALLAS	TX	75205-1836

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HAYNES AND BOONE**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169517**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SAM R. BOONE**

Mailing Address 8342 VIA ROSA

City	State	Zip Code
ORLANDO	FL	32836-8788

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BROWN & BROWN INC.**

Occupation  
**REGIONAL VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.173559**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM D. BOOTH**

Mailing Address 1455 QUEEN SUMMIT DR

City	State	Zip Code
WEST COVINA	CA	91791-3950

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.170815**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3550.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM D. BOOTH**

Mailing Address 1455 QUEEN SUMMIT DR

City

WEST COVINA

State

CA

Zip Code

91791-3950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.178526**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ARACELY BORDELON**

Mailing Address 74 W EVERGLADE AVE

City

CLOVIS

State

CA

Zip Code

93619-8744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163213**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BILLY BORDEAUX**

Mailing Address 224 LYNNHAVEN DR

City

HAMPTON

State

VA

Zip Code

23666-2347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.166753**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

375.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BILLY BORDEAUX**

Mailing Address 224 LYNNHAVEN DR

City

HAMPTON

State

VA

Zip Code

23666-2347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.174030**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

60.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BILLY BORDEAUX**

Mailing Address 224 LYNNHAVEN DR

City

HAMPTON

State

VA

Zip Code

23666-2347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.181615**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SCOTT BORDELON**

Mailing Address 74 W EVERGLADE AVE

City

CLOVIS

State

CA

Zip Code

93619-8744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CALEO AG.

Occupation

CEO/OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163214**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

330.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN S. BORGES**

Mailing Address **330 E KILBOURN AVE**  
**STE 650**

City **MILWAUKEE** State **WI** Zip Code **53202-3175**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROBERTSON RYAN ASSOCIATES**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.167354**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GIORGIO BORLENGHI**

Mailing Address **8702 STABLE CREST BLVD**

City **HOUSTON** State **TX** Zip Code **77024-7031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE INTERFIN COMPANIES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.150864**

Date of Receipt

**09 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CATHY BORLENGHI**

Mailing Address **8702 STABLE CREST BLVD**

City **HOUSTON** State **TX** Zip Code **77024-7031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B158674**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GIORGIO BORLENGHI**

Mailing Address 8702 STABLE CREST BLVD

City	State	Zip Code
HOUSTON	TX	77024-7031

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE INTERFIN COMPANIES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B158675**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
**REATTRIBUTION TO SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**BONNIE BORTZ**

Mailing Address 1551 HAUSMAN RD

City	State	Zip Code
ALLENTOWN	PA	18104-9258

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.162340**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BONNIE BORTZ**

Mailing Address 1551 HAUSMAN RD

City	State	Zip Code
ALLENTOWN	PA	18104-9258

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.164068**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BONNIE BORTZ**

Mailing Address 1551 HAUSMAN RD

City

ALLENTOWN

State

PA

Zip Code

18104-9258

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.172734**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BONNIE BORTZ**

Mailing Address 1551 HAUSMAN RD

City

ALLENTOWN

State

PA

Zip Code

18104-9258

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.176453**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BONNIE BORTZ**

Mailing Address 1551 HAUSMAN RD

City

ALLENTOWN

State

PA

Zip Code

18104-9258

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.179800**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JON A. BOSCIA**

Mailing Address 951 IDLEWILD RD

City	State	Zip Code
GLADWYNE	PA	19035-1437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LINCOLN FINANCIAL GROUP

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179023**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD EDWARD BOSCO**

Mailing Address 323 ABBEY BROOK LN

City	State	Zip Code
VENETIA	PA	15367-1070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RY CO, INC.

Occupation  
PLUMBING CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165676**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN BOSLEY**

Mailing Address 515 DAVIESS ST

City	State	Zip Code
OWENSBORO	KY	42303-3448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENVISION CONTRACTORS LLC

Occupation  
PROFESSIONAL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.159098**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN BOSLEY**

Mailing Address 515 DAVIESS ST

City

OWENSBORO

State

KY

Zip Code

42303-3448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ENVISION CONTRACTORS LLC

Occupation

PROFESSIONAL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.167148**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN BOSLEY**

Mailing Address 515 DAVIESS ST

City

OWENSBORO

State

KY

Zip Code

42303-3448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ENVISION CONTRACTORS LLC

Occupation

PROFESSIONAL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.167448**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN BOSLEY**

Mailing Address 515 DAVIESS ST

City

OWENSBORO

State

KY

Zip Code

42303-3448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ENVISION CONTRACTORS LLC

Occupation

PROFESSIONAL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.175805**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LUKE BOSSO**

Mailing Address 5673 N ILLINOIS ST

City

INDIANAPOLIS

State

IN

Zip Code

46208-1552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STATE OF INDIANA

Occupation  
DEP CHIEF OF STAFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.155487**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL BOSWAY**

Mailing Address 5580 WASHINGTON BLVD

City

INDIANAPOLIS

State

IN

Zip Code

46220-3030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICANA BANK

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158587**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT BOSWELL**

Mailing Address 320 N HIGH ST

City

DENVER

State

CO

Zip Code

80218-4022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LARAMIE ENERGY

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158417**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. CATHERINE M. BOTSFORD**

Mailing Address **919 VAN NUYS ST**

City	State	Zip Code
<b>SAN DIEGO</b>	<b>CA</b>	<b>92109-1154</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.165399**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>11</b>		<b>03</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. CATHERINE M. BOTSFORD**

Mailing Address **919 VAN NUYS ST**

City	State	Zip Code
<b>SAN DIEGO</b>	<b>CA</b>	<b>92109-1154</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173458**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>04</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ANDI BOTTNER**

Mailing Address **3303 ROLLING RD**

City	State	Zip Code
<b>CHEVY CHASE</b>	<b>MD</b>	<b>20815-4033</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.179801**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>30</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**400.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TOM BOTTORFF**

Mailing Address **5111 DORCHESTER CIR**

City

**BRENTWOOD**

State

**TN**

Zip Code

**37027-6815**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BOTTORFF AND KAVIN,PLC**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.161478**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOM BOTTORFF**

Mailing Address **5111 DORCHESTER CIR**

City

**BRENTWOOD**

State

**TN**

Zip Code

**37027-6815**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BOTTORFF AND KAVIN,PLC**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.169932**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TOM BOTTORFF**

Mailing Address **5111 DORCHESTER CIR**

City

**BRENTWOOD**

State

**TN**

Zip Code

**37027-6815**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BOTTORFF AND KAVIN,PLC**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.175944**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEFF BOUGHER**

Mailing Address 806 AVENUE 8 SE

City

ATKINS

State

AR

Zip Code

72823-4924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VERIZON

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.157344**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATIE BOURGET**

Mailing Address 6203 S KNOLL DR

City

EDINA

State

MN

Zip Code

55436-1117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRAVELERS

Occupation  
DIRECTOR RESEARCH

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166473**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARKO BOURNE**

Mailing Address 17171 HOWARD LN

City

NEW FREEDOM

State

PA

Zip Code

17349-8145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BOOZ ALLEN HAMILTON

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.179492**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2760.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JACQUES BOUTHILLIER**

Mailing Address 26 OLD HILL FARMS RD

City

WESTPORT

State

CT

Zip Code

06880-3037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FMPALA ASSET MANAGEMENT

Occupation

FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.159229**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PIERRE BOUTROS**

Mailing Address 285 HAWTHORNE ST

City

BIRMINGHAM

State

MI

Zip Code

48009-3711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ONECARE

Occupation

PHARMACIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160046**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT BOWEN**

Mailing Address 11 GRAYSTONE LN

City

WESTON

State

MA

Zip Code

02493-2481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.161648**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT BOWEN**

Mailing Address 11 GRAYSTONE LN

City	State	Zip Code
WESTON	MA	02493-2481

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.172156**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT BOWEN**

Mailing Address 11 GRAYSTONE LN

City	State	Zip Code
WESTON	MA	02493-2481

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.179803**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. BOWEN**

Mailing Address 8239 CLEARWATER POINTE

City	State	Zip Code
INDIANAPOLIS	IN	46240-4916

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BOWEN ENGINEERING

Occupation  
CHAIRMAN & FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.140767**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. BOWEN**

Mailing Address **8239 CLEARWATER POINTE**

City	State	Zip Code
INDIANAPOLIS	IN	46240-4916

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BOWEN ENGINEERING**

Occupation  
**CHAIRMAN & FOUNDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B164661**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2300.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**TERRY BOWEN**

Mailing Address **8239 CLEARWATER POINTE**

City	State	Zip Code
INDIANAPOLIS	IN	46240-4916

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.B164660**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2300.00

☒ Memo Item  
REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MS. BARBARA J. BOWIE-WHITMAN**

Mailing Address **4326 UPLAND DR**

City	State	Zip Code
ALEXANDRIA	VA	22310-1330

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ECONOMIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164246**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KAREN E. BOWLING**

Mailing Address 1331 1ST ST N  
APT 404

City State Zip Code  
JACKSONVILLE BEACH FL 32250-8301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FOLEY & LARNDER LLP

Occupation  
PUBLIC AFFAIRS DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170655**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LAWRENCE BOWMAN**

Mailing Address PO BOX 620234

City State Zip Code  
WOODSIDE CA 94062-0234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158907**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DUDLEY BOYD**

Mailing Address 8614 SOUTHWIND DR

City State Zip Code  
MEMPHIS TN 38125-0749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENOBLE, INC.

Occupation  
COMMERCIAL FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166911**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DUDLEY BOYD**

Mailing Address 8614 SOUTHWIND DR

City	State	Zip Code
MEMPHIS	TN	38125-0749

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ENOBLE, INC.

Occupation  
COMMERCIAL FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.173999**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DUDLEY BOYD**

Mailing Address 8614 SOUTHWIND DR

City	State	Zip Code
MEMPHIS	TN	38125-0749

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ENOBLE, INC.

Occupation  
COMMERCIAL FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.178174**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELISABETH BOYETT**

Mailing Address 6957 BUCK LAKE RD

City	State	Zip Code
TALLAHASSEE	FL	32317-9592

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
B & T FENCING, INC.

Occupation  
CORPORATE OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157322**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RYAN BOYETT**

Mailing Address **6957 BUCK LAKE RD**

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32317-9592</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**B & T FENCING, INC.**

Occupation  
**CORPORATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.157323**

Date of Receipt

M M / D D / Y Y Y Y
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MALACHI O. BOYULS**

Mailing Address **7406 LA SOBRINA DR**

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75248-3052</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STEELE RESOURCES, LLC**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.155415**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**30.00**

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MALACHI O. BOYULS**

Mailing Address **7406 LA SOBRINA DR**

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75248-3052</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STEELE RESOURCES, LLC**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.A155415**

Date of Receipt

M M / D D / Y Y Y Y
10 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-30.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHELBY BOYULS**

Mailing Address 7406 LA SOBRINA DR

City	State	Zip Code
DALLAS	TX	75248-3052

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

**Transaction ID : SA17.B167332**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERTO BRACHO**

Mailing Address 7326 NW 113TH PL

City	State	Zip Code
DORAL	FL	33178-4551

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161303**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROL BRACKEN**

Mailing Address 5928 BURGANDY ST

City	State	Zip Code
PLANO	TX	75093-1304

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169488**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. GERALDINE R. BRACKETT**

Mailing Address **244 ROCKWOOD DR**

City <b>SOUTH CHINA</b>	State <b>ME</b>	Zip Code <b>04358-5024</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.171730**

Date of Receipt

M M / D D / Y Y Y Y
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KATHLEEN RYAN BRADY**

Mailing Address **5916 COLFAX AVE**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22311-1024</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174419**

Date of Receipt

M M / D D / Y Y Y Y
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RYAN DONLEY BRADY**

Mailing Address **402 N PAYNE ST**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314-2208</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WHITE & CASE LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**314.00**

**Transaction ID : SA17.157824**

Date of Receipt

M M / D D / Y Y Y Y
10 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**63.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**1263.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RYAN DONLEY BRADY**

Mailing Address 402 N PAYNE ST

City

ALEXANDRIA

State

VA

Zip Code

22314-2208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WHITE & CASE LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

314.00

**Transaction ID : SA17.164292**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANE BRAGG**

Mailing Address 3 DUGANS LN

City

MARLBORO

State

NJ

Zip Code

07746-1046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163947**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANE BRAGG**

Mailing Address 3 DUGANS LN

City

MARLBORO

State

NJ

Zip Code

07746-1046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174638**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

51.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES E. BRAMSEN**

Mailing Address 26 RIDGE RD

City	State	Zip Code
BARRINGTON	IL	60010-9681

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPRAYING SYSTEMS COMPANY**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158557**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DANIEL H. BRANCH**

Mailing Address 3809 COLGATE AVE

City	State	Zip Code
DALLAS	TX	75225-5224

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WINSTEAD PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177474**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HON. JEFF BRANDES**

Mailing Address 729 SUWANNEE CT NE

City	State	Zip Code
SAINT PETERSBURG	FL	33702-2758

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180600**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN S. BRANDSER**

Mailing Address 2505 E MARION ST

City	State	Zip Code
SHOREWOOD	WI	53211-1732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FIDUCIARY MANAGEMENT

Occupation  
INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.167350**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN S. BRANDSER**

Mailing Address 2505 E MARION ST

City	State	Zip Code
SHOREWOOD	WI	53211-1732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FIDUCIARY MANAGEMENT

Occupation  
INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.167351**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MIKE BRANNOCK**

Mailing Address 210 N CHURCH ST

City	State	Zip Code
CHARLOTTE	NC	28202-2256

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AREVO GROUP, INC.

Occupation  
RECRUITING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

**Transaction ID : SA17.169655**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MIKE BRANN JR.**

Mailing Address 3021 BONNELL

City	State	Zip Code
EGR	MI	49506-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRANNS**

Occupation  
**RESTAURANTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

242.50

**Transaction ID : SA17.167719**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

67.50

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MIKE BRANN JR.**

Mailing Address 3021 BONNELL

City	State	Zip Code
EGR	MI	49506-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRANNS**

Occupation  
**RESTAURANTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

242.50

**Transaction ID : SA17.169645**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MIKE BRANN JR.**

Mailing Address 3021 BONNELL

City	State	Zip Code
EGR	MI	49506-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRANNS**

Occupation  
**RESTAURANTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

242.50

**Transaction ID : SA17.177576**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

117.50

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RANDY BRANTLEY**

Mailing Address 3306 GREEN TURTLE LN

City

PANAMA CITY

State

FL

Zip Code

32408-7940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PARAGON OF FLORIDA

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169567**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RANDY BRANTLEY**

Mailing Address 3306 GREEN TURTLE LN

City

PANAMA CITY

State

FL

Zip Code

32408-7940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PARAGON OF FLORIDA

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177547**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WALTER L. BRANT II**

Mailing Address PO BOX 78588

City

INDIANAPOLIS

State

IN

Zip Code

46278-0588

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INDIANA OXYGEN

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158531**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL E. BRAREN**

Mailing Address 329 N SHIPWRECK AVE

City	State	Zip Code
PONTE VEDRA BEACH	FL	32081-5003

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FIRST CAPITAL BANK**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.158256**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DONALD BRASIE**

Mailing Address 4860 LONE OAK CT

City	State	Zip Code
ANN ARBOR	MI	48108-8575

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167149**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DONALD BRASIE**

Mailing Address 4860 LONE OAK CT

City	State	Zip Code
ANN ARBOR	MI	48108-8575

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172163**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DONALD BRASIE**

Mailing Address **4860 LONE OAK CT**

City

**ANN ARBOR**

State

**MI**

Zip Code

**48108-8575**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.179624**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEVEN J. BRAUN**

Mailing Address **8099 HUNT CLUB RD**

City

**ZIONSVILLE**

State

**IN**

Zip Code

**46077-9340**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STATE OF INDIANA**

Occupation

**COMMISSIONER OF INDIANA DEPT. OF**

**WORK**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159267**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICARDO BRAVO**

Mailing Address **10795 SW 42ND TER**

City

**MIAMI**

State

**FL**

Zip Code

**33165-4830**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ELECTRONIC COMPANY**

Occupation

**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160058**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN G. BREAKFIELD**

Mailing Address **6407 MILLSTONE COVE DR**

City	State	Zip Code
<b>FLOWERY BRANCH</b>	<b>GA</b>	<b>30542-6641</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BREAKFIELD & ASSOCIATES, LLC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2695.00**

**Transaction ID : SA17.167787**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**45.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SHELDON BREAM**

Mailing Address **2824 N BEECHWOOD CIR**

City	State	Zip Code
<b>ARLINGTON</b>	<b>VA</b>	<b>22207-5226</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WASHINGTON SPEAKERS BUREAU**

Occupation  
**LECTURE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1800.00**

**Transaction ID : SA17.158106**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHELDON BREAM**

Mailing Address **2824 N BEECHWOOD CIR**

City	State	Zip Code
<b>ARLINGTON</b>	<b>VA</b>	<b>22207-5226</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WASHINGTON SPEAKERS BUREAU**

Occupation  
**LECTURE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1800.00**

**Transaction ID : SA17.166539**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**645.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHELDON BREAM**

Mailing Address **2824 N BEECHWOOD CIR**

City	State	Zip Code
ARLINGTON	VA	22207-5226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WASHINGTON SPEAKERS BUREAU**

Occupation  
**LECTURE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1800.00**

**Transaction ID : SA17.175115**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK A. BREDEN**

Mailing Address **523 N CREST DR**

City	State	Zip Code
FAYETTEVILLE	AR	72701-3717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**P&G**

Occupation  
**MANAGER OF INTERNATIONAL BUSINESS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1300.00**

**Transaction ID : SA17.156845**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1300.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAY BREEDVELD**

Mailing Address **PO BOX 2411**

City	State	Zip Code
AUSTIN	TX	78768-2411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUGGINS WREN MANN & ROMERO**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.161716**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW BREEN**

Mailing Address 60 BEACH ST  
APT 3B

City State Zip Code  
NEW YORK NY 10013-2344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CARSON STREET CLOTHIERS

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.141795**

Date of Receipt

M M / D D / Y Y Y Y  
08 26 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LAUREN BREEN**

Mailing Address 60 BEACH ST  
APT 3B

City State Zip Code  
NEW YORK NY 10013-2344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.B158279**

Date of Receipt

M M / D D / Y Y Y Y  
10 09 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW BREEN**

Mailing Address 60 BEACH ST  
APT 3B

City State Zip Code  
NEW YORK NY 10013-2344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CARSON STREET CLOTHIERS

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B158280**

Date of Receipt

M M / D D / Y Y Y Y  
10 09 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN L. BREHM**

Mailing Address 3023 DUMBARTON ST NW

City	State	Zip Code
WASHINGTON	DC	20007-3306

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PROCTOR & GAMBLE**

Occupation  
**BUSINESS EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173068**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KIMBERLY BREIER**

Mailing Address 5304 REMINGTON DR

City	State	Zip Code
ALEXANDRIA	VA	22309-3344

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169911**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KIMBERLY BREIER**

Mailing Address 5304 REMINGTON DR

City	State	Zip Code
ALEXANDRIA	VA	22309-3344

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172815**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CARA L. BREISINGER**

Mailing Address 469 PEARSON RD

City	State	Zip Code
JEFFERSON HILLS	PA	15025-3358

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162136**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT C. BREISINGER**

Mailing Address 469 PEARSON RD

City	State	Zip Code
JEFFERSON HILLS	PA	15025-3358

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MASCARO CONSTRUCTION

Occupation  
CONSTRUCTION MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162147**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PERRI BRENNER**

Mailing Address 340 E 72ND ST

City	State	Zip Code
NEW YORK	NY	10021-4768

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BARCLAYS

Occupation  
EQUITIES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159372**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANN LESSING BRESNAN**

Mailing Address 1208 LAKE HOUSE DR

City	State	Zip Code
NORTH PALM BEACH	FL	33408-3371

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157076**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DANIEL R. BRESNEN**

Mailing Address 7070 RUNNING IRON LN

City	State	Zip Code
POCATELLO	ID	83204-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SCHLOTZSKY'S DELI

Occupation  
RESTAURANT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163776**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DANIEL R. BRESNEN**

Mailing Address 7070 RUNNING IRON LN

City	State	Zip Code
POCATELLO	ID	83204-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SCHLOTZSKY'S DELI

Occupation  
RESTAURANT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168901**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****DANIEL R. BRESNEN**

Mailing Address 7070 RUNNING IRON LN

City	State	Zip Code
POCATELLO	ID	83204-

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SCHLOTZSKY'S DELIOccupation  
RESTAURANT MANAGER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171298**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****DANIEL R. BRESNEN**

Mailing Address 7070 RUNNING IRON LN

City	State	Zip Code
POCATELLO	ID	83204-

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SCHLOTZSKY'S DELIOccupation  
RESTAURANT MANAGER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174849**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****DANIEL R. BRESNEN**

Mailing Address 7070 RUNNING IRON LN

City	State	Zip Code
POCATELLO	ID	83204-

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SCHLOTZSKY'S DELIOccupation  
RESTAURANT MANAGER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176280**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JIM J. BREWER JR.**

Mailing Address **619 S TYLER ST**

City	State	Zip Code
AMARILLO	TX	79101-2345

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**J-BREX COMPANY**

Occupation  
**GEOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158984**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RONDA BREWER**

Mailing Address **2806 S HAYDEN ST**

City	State	Zip Code
AMARILLO	TX	79109-3507

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158983**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY ELLEN BREWINGTON**

Mailing Address **5032 LYONS VIEW PIKE**

City	State	Zip Code
KNOXVILLE	TN	37919-6407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CHEROKEE DISTRIBUTING COMPANY**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.165598**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOUGLAS BRIDGES**

Mailing Address **55 W CHURCH ST**  
**APT 2111**

City **ORLANDO** State **FL** Zip Code **32801-4921**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DOUG BRIDGES CONSULTING, INC**

Occupation  
**SOFTWARE CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.158056**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH BRIDGES**

Mailing Address **2004 BROOKSTONE PL**

City **BRANDON** State **MS** Zip Code **39042-2959**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.156615**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY BRIDLEMAN**

Mailing Address **9 CLIPPER RD**

City **RANCHO PALOS VERDES** State **CA** Zip Code **90275-5923**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.174803**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**375.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CATHY M. BRIENZA**

Mailing Address 32 E 64TH ST

City  
NEW YORK

State Zip Code  
NY 10065-7359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170067**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GLENEEN BRIENZA**

Mailing Address 3121 HOWELL RD

City  
GOLDEN

State Zip Code  
CO 80401-1408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159056**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GLENEEN BRIENZA**

Mailing Address 3121 HOWELL RD

City  
GOLDEN

State Zip Code  
CO 80401-1408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159057**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOE BRIENZA**

Mailing Address 3121 HOWELL RD

City  
**GOLDEN**

State Zip Code  
**CO 80401-1408**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.159055**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TRACY BRIGGS**

Mailing Address 1920 S OCEAN DR  
APT 1508

City  
**FT LAUDERDALE**

State Zip Code  
**FL 33316-3727**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMERICAN AIRLINES**

Occupation  
**PILOTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**397.00**

**Transaction ID : SA17.165836**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TRACY BRIGGS**

Mailing Address 1920 S OCEAN DR  
APT 1508

City  
**FT LAUDERDALE**

State Zip Code  
**FL 33316-3727**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMERICAN AIRLINES**

Occupation  
**PILOTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**397.00**

**Transaction ID : SA17.167009**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**550.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TRACY BRIGGS**

Mailing Address 1920 S OCEAN DR  
APT 1508

City State Zip Code  
FT LAUDERDALE FL 33316-3727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN AIRLINES

Occupation  
PILOTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

397.00

**Transaction ID : SA17.168826**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TRACY BRIGGS**

Mailing Address 1920 S OCEAN DR  
APT 1508

City State Zip Code  
FT LAUDERDALE FL 33316-3727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN AIRLINES

Occupation  
PILOTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

397.00

**Transaction ID : SA17.169245**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TRACY BRIGGS**

Mailing Address 1920 S OCEAN DR  
APT 1508

City State Zip Code  
FT LAUDERDALE FL 33316-3727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN AIRLINES

Occupation  
PILOTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

397.00

**Transaction ID : SA17.171494**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

51.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TRACY BRIGGS**

Mailing Address 1920 S OCEAN DR  
APT 1508

City State Zip Code  
FT LAUDERDALE FL 33316-3727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN AIRLINES

Occupation  
PILOTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

397.00

**Transaction ID : SA17.176175**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TRACY BRIGGS**

Mailing Address 1920 S OCEAN DR  
APT 1508

City State Zip Code  
FT LAUDERDALE FL 33316-3727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN AIRLINES

Occupation  
PILOTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

397.00

**Transaction ID : SA17.177779**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANINE BRILL**

Mailing Address 7102 EL FUERTE ST

City State Zip Code  
CARLSBAD CA 92009-6514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SDGE

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179805**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

526.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. A. VERNON BRINSON**

Mailing Address 217 AUDUBON BLVD

City	State	Zip Code
NEW ORLEANS	LA	70118-5539

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ROYAL HONDA

Occupation  
AUTO DEALER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174934**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. PATRICIA M. BRINSON**

Mailing Address 217 AUDUBON BLVD

City	State	Zip Code
NEW ORLEANS	LA	70118-5539

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INTERIOR DESIGN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174932**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA P. BRISTER**

Mailing Address 108 AUDUBON LN

City	State	Zip Code
MANDEVILLE	LA	70471-1747

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ST. TAMMANY PARISH

Occupation  
PARISH PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171011**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM L. BRISTOL**

Mailing Address 3156 N CAVES VALLEY PATH

City	State	Zip Code
LECANTO	FL	34461-9802

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.165700**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM L. BRISTOL**

Mailing Address 3156 N CAVES VALLEY PATH

City	State	Zip Code
LECANTO	FL	34461-9802

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.176732**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE P. BROADBENT**

Mailing Address 111 WILLOW SPRING RD

City	State	Zip Code
INDIANAPOLIS	IN	46240-2578

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
THE BROADBENT COMPANY

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159268**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES S. BROADHURST**

Mailing Address PO BOX 687

City	State	Zip Code
LIGONIER	PA	15658-0687

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EAT'N PARK HOSPITALITY GROUP

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.164641**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARY CLARE BROADBENT**

Mailing Address 111 WILLOW SPRING RD

City	State	Zip Code
INDIANAPOLIS	IN	46240-2578

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE BROADBENT COMPANY

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159269**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. GARNET W. BROCK**

Mailing Address 1705 COMMUNITY LN

City	State	Zip Code
MIDLAND	TX	79701-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G.W. BROCK, INC.

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169469**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

CONTRIBUTION

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional).....

7900.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GARNET W. BROCK**

Mailing Address 1705 COMMUNITY LN

City	State	Zip Code
MIDLAND	TX	79701-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
G.W. BROCK, INC.

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169469B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. SOPHIA BROCK**

Mailing Address 1705 COMMUNITY LN

City	State	Zip Code
MIDLAND	TX	79701-4013

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169489**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MS. MICHELLE K. BROCK**

Mailing Address 414 WEST TEXAS, SUITE 210

City	State	Zip Code
MIDLAND	TX	79701-4418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
G.W. BROCK

Occupation  
LANDMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169478**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**ALFRED GLENNOR BRODERICK**

Mailing Address 218 MARK TREE RD

City	State	Zip Code
CENTEREACH	NY	11720-2253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.00

**Transaction ID : SA17.160403**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ALFRED GLENNOR BRODERICK**

Mailing Address 218 MARK TREE RD

City	State	Zip Code
CENTEREACH	NY	11720-2253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.00

**Transaction ID : SA17.166488**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ALFRED GLENNOR BRODERICK**

Mailing Address 218 MARK TREE RD

City	State	Zip Code
CENTEREACH	NY	11720-2253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.00

**Transaction ID : SA17.167273**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

75.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**ALFRED GLENNOR BRODERICK**

Mailing Address 218 MARK TREE RD

City	State	Zip Code
CENTEREACH	NY	11720-2253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.00

**Transaction ID : SA17.168094**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ALFRED GLENNOR BRODERICK**

Mailing Address 218 MARK TREE RD

City	State	Zip Code
CENTEREACH	NY	11720-2253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.00

**Transaction ID : SA17.170519**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

-25.00

☐ Memo Item

CHARGED BACK

**C.** Full Name (Last, First, Middle Initial)  
**ALFRED GLENNOR BRODERICK**

Mailing Address 218 MARK TREE RD

City	State	Zip Code
CENTEREACH	NY	11720-2253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.00

**Transaction ID : SA17.172205**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**ALFRED GLENNOR BRODERICK**

Mailing Address 218 MARK TREE RD

City	State	Zip Code
CENTEREACH	NY	11720-2253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.00

**Transaction ID : SA17.173383**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

CONTRIBUTION

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ALFRED GLENNOR BRODERICK**

Mailing Address 218 MARK TREE RD

City	State	Zip Code
CENTEREACH	NY	11720-2253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.00

**Transaction ID : SA17.175090**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ALFRED GLENNOR BRODERICK**

Mailing Address 218 MARK TREE RD

City	State	Zip Code
CENTEREACH	NY	11720-2253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.00

**Transaction ID : SA17.175314**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		12		2015

CONTRIBUTION

Amount of Each Receipt this Period

1.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

31.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARY LOUISE BRODMAN**

Mailing Address **1 STRATFORD CT**

City	State	Zip Code
CLIFTON PARK	NY	12065-1744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.158808**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARY LOUISE BRODMAN**

Mailing Address **1 STRATFORD CT**

City	State	Zip Code
CLIFTON PARK	NY	12065-1744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.170871**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BRETT P. BRODNAX**

Mailing Address **6607 NORWAY RD**

City	State	Zip Code
DALLAS	TX	75230-5243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNITED SURGICAL PARTNERS**

Occupation  
**HEALTHCARE EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168390**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**Subtotal Of Receipts This Page** (optional).....

**3000.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN BRODNER**

Mailing Address **574 FOREST AVE**

City	State	Zip Code
GLEN ELLYN	IL	60137-4149

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OLCOTT**

Occupation  
**TAX PAYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.157977**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRANCIS B. BROGAN JR.**

Mailing Address **407 SE 25TH AVE**

City	State	Zip Code
FORT LAUDERDALE	FL	33301-2613

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GREENBERG TRAUIG LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.157622**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KRISTI BROGHAMER**

Mailing Address **502 MONROE ST**

City	State	Zip Code
NEWPORT	KY	41071-2006

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JEB 2016, INC.**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**447.00**

**Transaction ID : SA17.168537**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**85.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**835.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KRISTI BROGHAMER**

Mailing Address 502 MONROE ST

City

NEWPORT

State

KY

Zip Code

41071-2006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JEB 2016, INC.

Occupation

ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.177958**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

87.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KRISTI BROGHAMER**

Mailing Address 502 MONROE ST

City

NEWPORT

State

KY

Zip Code

41071-2006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JEB 2016, INC.

Occupation

ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.177959**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

27.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. CHRISTINE D. BROOKS**

Mailing Address 1834 BELMONT RD NW

City

WASHINGTON

State

DC

Zip Code

20009-5162

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

EDUCATION CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.173241**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

364.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DONALD BROOKS**

Mailing Address **1834 BELMONT RD NW**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20009-5162**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173240**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK BROOKER**

Mailing Address **19002 WINDSOR LAKES DR**

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77094-3307**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE FRONTLINE GROUP**

Occupation  
**OIL & GAS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163131**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK BROOKER**

Mailing Address **19002 WINDSOR LAKES DR**

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77094-3307**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE FRONTLINE GROUP**

Occupation  
**OIL & GAS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163192**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

**3250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEBORAH BROOKER**

Mailing Address 19002 WINDSOR LAKES DR

City	State	Zip Code
HOUSTON	TX	77094-3307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.183309**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK BROOKER**

Mailing Address 19002 WINDSOR LAKES DR

City	State	Zip Code
HOUSTON	TX	77094-3307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

THE FRONTLINE GROUP

OIL & GAS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163192B**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. T. ANTHONY BROOKS**

Mailing Address PO BOX 819

City	State	Zip Code
TETON VILLAGE	WY	83025-0819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.172416**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. T. ANTHONY BROOKS**

Mailing Address PO BOX 819

City

TETON VILLAGE

State

WY

Zip Code

83025-0819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.175922**

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. AUDREY BROWN**

Mailing Address 3713 FOXFORD CIR

City

TALLAHASSEE

State

FL

Zip Code

32309-3314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FAHP

Occupation

PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1310.00

**Transaction ID : SA17.158049**

Date of Receipt

MM / DD / YYYY  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DR NE

City

HUNTSVILLE

State

AL

Zip Code

35811-9520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.157083**

Date of Receipt

MM / DD / YYYY  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1275.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DR NE

City	State	Zip Code
HUNTSVILLE	AL	35811-9520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.163388**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DR NE

City	State	Zip Code
HUNTSVILLE	AL	35811-9520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.166177**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DR NE

City	State	Zip Code
HUNTSVILLE	AL	35811-9520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.167362**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DR NE

City	State	Zip Code
HUNTSVILLE	AL	35811-9520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.169525**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DR NE

City	State	Zip Code
HUNTSVILLE	AL	35811-9520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.172046**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DR NE

City	State	Zip Code
HUNTSVILLE	AL	35811-9520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.174115**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

60.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DR NE

City	State	Zip Code
HUNTSVILLE	AL	35811-9520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.175402**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DR NE

City	State	Zip Code
HUNTSVILLE	AL	35811-9520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.180509**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DENNIS BROWN**

Mailing Address 24711 GARDEN WAY

City	State	Zip Code
SAN ANTONIO	TX	78260-4370

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170413**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ED BROWN**

Mailing Address **3 WEDGEWOOD LN**

City

**VOORHEESVILLE**

State

**NY**

Zip Code

**12186-9768**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.163992**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ED BROWN**

Mailing Address **3 WEDGEWOOD LN**

City

**VOORHEESVILLE**

State

**NY**

Zip Code

**12186-9768**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.169005**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ED BROWN**

Mailing Address **3 WEDGEWOOD LN**

City

**VOORHEESVILLE**

State

**NY**

Zip Code

**12186-9768**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.179650**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MR. HUGH M. BROWN**

Mailing Address 3740 RANEY RD

City	State	Zip Code
TITUSVILLE	FL	32780-3509

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173527**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****MR. JAMES S. BROWN**Mailing Address 1125 17TH ST  
STE 1900

City	State	Zip Code
DENVER	CO	80202-2016

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HALLIBURTONOccupation  
PRESIDENT WESTERN HEMISPHERE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.164411**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****MRS. JENNIE K. BROWN**

Mailing Address PO BOX 56

City	State	Zip Code
NORFOLK	CT	06058-0056

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
ADVERTISING

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170683**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

6200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL W. BROWN**

Mailing Address 313 MEADOWVIEW TER

City LYNN HAVEN	State FL	Zip Code 32444-4934
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173547**

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. NETTIE RUTH BROWN**

Mailing Address 141 OVIEDO ST

City SAINT AUGUSTINE	State FL	Zip Code 32084-3526
-------------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.157568**

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. NETTIE RUTH BROWN**

Mailing Address 141 OVIEDO ST

City SAINT AUGUSTINE	State FL	Zip Code 32084-3526
-------------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.171881**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PERRY E. BROWN**

Mailing Address 137 HOLLOW TREE RIDGE RD

City	State	Zip Code
DARIEN	CT	06820-5045

FEC ID number of contributing federal political committee.

**C**

Name of Employer

J.P. MORGAN

Occupation

ASSET MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

**Transaction ID : SA17.176118**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT BROWN**

Mailing Address 1602 ALTON RD  
# 538

City	State	Zip Code
MIAMI BEACH	FL	33139-2421

FEC ID number of contributing federal political committee.

**C**

Name of Employer

BROWDAVIS INTERIORS INC

Occupation

CEO / DESIGNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157637**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARA S. BROWN**

Mailing Address 7606 WILLOW BASTIC CT

City	State	Zip Code
TALLAHASSEE	FL	32312-6723

FEC ID number of contributing federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2625.00

**Transaction ID : SA17.157650**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2600.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3105.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHARON BROWN-HRUSKA**

Mailing Address 6061 RIDGE FORD DR

City	State	Zip Code
BURKE	VA	22015-3653

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NATIONAL ECONOMIC RESEARCH ASSO.

Occupation  
ECONOMIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173217**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TED R. BROWN**

Mailing Address 3074 LINDALE AVE

City	State	Zip Code
ORLANDO	FL	32814-6769

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOLLAND & KNIGHT

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.160834**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TRAVIS H. BROWN**

Mailing Address 1034 S BRENTWOOD BLVD  
STE 1700

City	State	Zip Code
SAINT LOUIS	MO	63117-1217

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PELOPIDAS

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162318**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☐ Memo Item

**CHARGED BACK**

**Subtotal Of Receipts This Page (optional)**.....

-1650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM G. BROWN**

Mailing Address PO BOX 56

City

NORFOLK

State

CT

Zip Code

06058-0056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ADVERTISING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170672**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. BEVERLY BRUCE**

Mailing Address 300 MOUNTAIN RD

City

CENTER TUFTONBORO

State

NH

Zip Code

03816-5055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

**Transaction ID : SA17.181140**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DON BRUCKNER**

Mailing Address 911 WAGON TRAIN SE

City

ALBUQUERQUE

State

NM

Zip Code

87123-4141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GUEBERT BRUCKNER P.C.

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169315**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RUSSELL J. BRUEMMER**

Mailing Address 4024 40TH ST N

City	State	Zip Code
ARLINGTON	VA	22207-4608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILMER HALE**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174360**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. WESLEY W. BRUMBACK**

Mailing Address 4593 OLD CARRIAGE TRL

City	State	Zip Code
OVIEDO	FL	32765-8454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.169810**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

400.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN J. BRUNETTI SR.**

Mailing Address 84 BAL BAY DR

City	State	Zip Code
BAL HARBOUR	FL	33154-1309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.150846**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN J. BRUNETTI SR.**

Mailing Address 84 BAL BAY DR

City	State	Zip Code
BAL HARBOUR	FL	33154-1309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.A150846**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

## CONTRIBUTION

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MRS. TRACEE C. BRUNETTI**

Mailing Address 84 BAL BAY DR

City	State	Zip Code
BAL HARBOUR	FL	33154-1309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B165961**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN C. BRUNER**

Mailing Address 1035 BERKSHIRE ST

City	State	Zip Code
OAK PARK	IL	60302-1369

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17.166313**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

250.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FRANK A. BRUNI**

Mailing Address 18 TAUNTON RD

City	State	Zip Code
SCARSDALE	NY	10583-5610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166719**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LACEY BRUNNER**

Mailing Address 1500 WINFIELD RD

City	State	Zip Code
MIDLAND	TX	79705-8755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167515**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LINDA L. BRUZZONE**

Mailing Address 2203 CAMEL MESA DR

City	State	Zip Code
LAUGHLIN	NV	89029-1136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.162221**

Date of Receipt

MM / DD / YYYY  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LINDA L. BRUZZONE**

Mailing Address 2203 CAMEL MESA DR

City

LAUGHLIN

State

NV

Zip Code

89029-1136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.175830**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAY BRYAN**

Mailing Address 8213 AIRLINE DR

City

METAIRIE

State

LA

Zip Code

70003-6852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BRYAN CHEVROLET, INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173168**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MAGALEN OHRSTROM BRYANT**

Mailing Address PO BOX 1850

City

MIDDLEBURG

State

VA

Zip Code

20118-1850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

**Transaction ID : SA17.165613**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MS. MAGALEN OHRSTROM BRYANT**

Mailing Address PO BOX 1850

City	State	Zip Code
MIDDLEBURG	VA	20118-1850

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

**Transaction ID : SA17.168127**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MS. MAGALEN OHRSTROM BRYANT**

Mailing Address PO BOX 1850

City	State	Zip Code
MIDDLEBURG	VA	20118-1850

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

**Transaction ID : SA17.168127B**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1800.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)

**MS. MAGALEN OHRSTROM BRYANT**

Mailing Address PO BOX 1850

City	State	Zip Code
MIDDLEBURG	VA	20118-1850

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

**Transaction ID : SA17.168678**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1800.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....

2000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAM BRYAN**

Mailing Address 8213 AIRLINE DR

City	State	Zip Code
METAIRIE	LA	70003-6852

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
OCTAVIA ART GALLERY

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173167**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. VICTORIA BRYANT**

Mailing Address 4040 SAN FELIPE ST  
APT 154

City	State	Zip Code
HOUSTON	TX	77027-3965

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AMBASSADOR FOUNDATION

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168555**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. IAN J. BRZEZINSKI**

Mailing Address 213 RIVER PARK DR

City	State	Zip Code
GREAT FALLS	VA	22066-3535

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BRZEZINSKI GROUP, INC.

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174417**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ANGEL BU**

Mailing Address 3563 ELLERY CIR

City	State	Zip Code
FALLS CHURCH	VA	22041-3053

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175730**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MILENA BU**

Mailing Address 3563 ELLERY CIR

City	State	Zip Code
FALLS CHURCH	VA	22041-3053

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175712**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JERRY W. BUCHER**

Mailing Address 7428 LINKWOOD ST

City	State	Zip Code
SAN ANTONIO	TX	78240-3049

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

**Transaction ID : SA17.170834**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EARL BUCHHOLZ JR.**

Mailing Address 1693 SABAL PALM DR

City

BOCA RATON

State

FL

Zip Code

33432-7422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

IPC SPORTS

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166347**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAN ANDREW BUCK**

Mailing Address 30 BROOKS BND

City

PRINCETON

State

NJ

Zip Code

08540-7500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PRINCETON GROUP INTERNATIONAL,  
INC.

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

**Transaction ID : SA17.172691**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NORMAN BUCK**

Mailing Address 2 JUNIPER RD

City

NORWALK

State

CT

Zip Code

06853-1615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161173**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

5450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NANCY BUCK**

Mailing Address 2 JUNIPER RD

City

NORWALK

State

CT

Zip Code

06853-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167358**

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. NORMAN BUCK**

Mailing Address 2 JUNIPER RD

City

NORWALK

State

CT

Zip Code

06853-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161173B**

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-250.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. NORMAN BUCK**

Mailing Address 2 JUNIPER RD

City

NORWALK

State

CT

Zip Code

06853-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172475**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NANCY BUCK**

Mailing Address **2 JUNIPER RD**

City

**NORWALK**

State

**CT**

Zip Code

**06853-1615**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFF**

Occupation

**INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.181075**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**MR. NORMAN BUCK**

Mailing Address **2 JUNIPER RD**

City

**NORWALK**

State

**CT**

Zip Code

**06853-1615**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172475B**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-250.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**ROBERT BUCKHOLZ**

Mailing Address **91 COLUMBIA HTS**

City

**BROOKLYN**

State

**NY**

Zip Code

**11201-1603**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SULLIVAN & CROMWELL LLP**

Occupation

**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159850**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAN BUCKLEY**

Mailing Address **55 SANTA ROSA AVE**

City

**SAUSALITO**

State

**CA**

Zip Code

**94965-2077**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159046**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DON BUDINGER**

Mailing Address **6720 N SCOTTSDALE RD**  
**STE 355**

City

**PARADISE VALLEY**

State

**AZ**

Zip Code

**85253-4456**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THE RODEL FOUNDATIONS**

Occupation

**CHAIRMAN AND FOUNDING DIRECTOR**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158544**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address **4372 EAST AVE**

City

**LIVERMORE**

State

**CA**

Zip Code

**94550-4947**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**335.00**

**Transaction ID : SA17.161583**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2010.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address 4372 EAST AVE

City

LIVERMORE

State

CA

Zip Code

94550-4947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.165052**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address 4372 EAST AVE

City

LIVERMORE

State

CA

Zip Code

94550-4947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.165996**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address 4372 EAST AVE

City

LIVERMORE

State

CA

Zip Code

94550-4947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.171445**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address 4372 EAST AVE

City

LIVERMORE

State

CA

Zip Code

94550-4947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.172454**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address 4372 EAST AVE

City

LIVERMORE

State

CA

Zip Code

94550-4947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.174124**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address 4372 EAST AVE

City

LIVERMORE

State

CA

Zip Code

94550-4947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.176068**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address 4372 EAST AVE

City

LIVERMORE

State

CA

Zip Code

94550-4947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.178446**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address 4372 EAST AVE

City

LIVERMORE

State

CA

Zip Code

94550-4947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.178805**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BEVERLY BULL**

Mailing Address 4372 EAST AVE

City

LIVERMORE

State

CA

Zip Code

94550-4947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.181001**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM BULLARD**

Mailing Address 40 ISLAND DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-2715

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DIAGEO N.A. INC.

Occupation  
COMPANY DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.174363**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT BULSZEWICZ**

Mailing Address 33174 CAPITOL ST

City	State	Zip Code
LIVONIA	MI	48150-1744

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CONQUEST CONST

Occupation  
CARPENTER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159496**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID F. BUMLER**

Mailing Address 4381 S BAY DR

City	State	Zip Code
ORCHARD LAKE	MI	48323-1501

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BUMLER MECHANICAL, INC.

Occupation  
VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161501**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1800.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. R. JACOB BUMP**

Mailing Address **54 ELIZABETH ST**

City

**RED HOOK**

State

**NY**

Zip Code

**12571-1720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ROBERT BUMP CONSTRUCTION, LLC**

Occupation

**BUILDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.151033**

Date of Receipt

**09 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARIROSE BUMP**

Mailing Address **54 ELIZABETH ST**

City

**RED HOOK**

State

**NY**

Zip Code

**12571-1720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B169759**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**MR. R. JACOB BUMP**

Mailing Address **54 ELIZABETH ST**

City

**RED HOOK**

State

**NY**

Zip Code

**12571-1720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ROBERT BUMP CONSTRUCTION, LLC**

Occupation

**BUILDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B169760**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**0.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MELVIN LEE BUNCH**

Mailing Address 2520 HAMLET LN  
APT A

City State Zip Code  
COLORADO SPRINGS CO 80918-4037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.166153**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MELVIN LEE BUNCH**

Mailing Address 2520 HAMLET LN  
APT A

City State Zip Code  
COLORADO SPRINGS CO 80918-4037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.166154**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MELVIN LEE BUNCH**

Mailing Address 2520 HAMLET LN  
APT A

City State Zip Code  
COLORADO SPRINGS CO 80918-4037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.172365**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. JOHN BUNKERS**

Mailing Address 1530 SPYGLASS DR

City  
**UPLAND**

State Zip Code  
**CA 91786-2423**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DOCTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.160105**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALICE BURCH**

Mailing Address 1440 NE 101ST ST

City  
**MIAMI SHORES**

State Zip Code  
**FL 33138-2613**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BURCH & BURCH DVM LLC**

Occupation  
**OFFICE MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.161469**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALICE BURCH**

Mailing Address 1440 NE 101ST ST

City  
**MIAMI SHORES**

State Zip Code  
**FL 33138-2613**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BURCH & BURCH DVM LLC**

Occupation  
**OFFICE MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.169936**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALICE BURCH**

Mailing Address 1440 NE 101ST ST

City

MIAMI SHORES

State

FL

Zip Code

33138-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BURCH & BURCH DVM LLC

Occupation

OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.175973**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM M. BURCHENAL JR.**

Mailing Address 16907 BOY SCOUT RD

City

ODESSA

State

FL

Zip Code

33556-2101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CEE BRES CITRUS

Occupation

CITRUS GROWER & PACKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1850.00

**Transaction ID : SA17.171808**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

850.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CELESTE BURDICK**

Mailing Address 5400 34TH ST W

City

BRADENTON

State

FL

Zip Code

34210-3400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GREYSTONE COMMUNITIES

Occupation

R.N. VP MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169200**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CELESTE BURDICK**

Mailing Address 5400 34TH ST W

City

BRADENTON

State

FL

Zip Code

34210-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREYSTONE COMMUNITIES

Occupation

R.N. VP MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177171**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. PATRICIA BURGESS**

Mailing Address 3425 MICHAEL AVE

City

WARREN

State

MI

Zip Code

48091-3488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161354**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER R. BURGUM**

Mailing Address 536 MULBERRY LN

City

HAVERFORD

State

PA

Zip Code

19041-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.158737**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TRAVIS BURK**

Mailing Address 901 N NELSON ST  
APT 1611

City ARLINGTON State VA Zip Code 22203-1753

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CRC PUBLIC RELATIONS

Occupation  
PUBLIC RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.157317**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. GRETCHEN BURKE**

Mailing Address 1 W 64TH ST  
APT 11A

City NEW YORK State NY Zip Code 10023-6745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173042**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES BURKE**

Mailing Address 4140 GILGO BCH

City GILGO BEACH State NY Zip Code 11702-4634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BURKE & QUICK PARTNERS LLC

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159508**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAYMOND P. BURKE**

Mailing Address **4675 MACARTHUR CT**  
**STE 800**

City **NEWPORT BEACH** State **CA** Zip Code **92660-1895**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CLEAN ENERGY**

Occupation  
**V.P.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159232**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM BURKE**

Mailing Address **9751 LARCHCREST DR**  
**STE 4150**

City **DALLAS** State **TX** Zip Code **75238-2112**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.155313**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM BURKE**

Mailing Address **9751 LARCHCREST DR**  
**STE 4150**

City **DALLAS** State **TX** Zip Code **75238-2112**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.156709**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARILYN D. BURKS**

Mailing Address 32 DUNBARTON DR

City	State	Zip Code
NASHUA	NH	03063-2015

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.181649**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BILL BURLESON**

Mailing Address 507 DOVE DRIVE

City	State	Zip Code
MCALESTER	OK	74501-7335

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.165587**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BILL BURLESON**

Mailing Address 507 DOVE DRIVE

City	State	Zip Code
MCALESTER	OK	74501-7335

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.169024**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. RUTH W. BURNETT**

Mailing Address 176 W PAGO PAGO DR

City	State	Zip Code
NAPLES	FL	34113-8616

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.173076**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY J. BURNS**

Mailing Address 24 W ERIE ST  
APT 3

City	State	Zip Code
CHICAGO	IL	60654-5899

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DTZ

Occupation  
SENIOR VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158516**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT BURROUGHS**

Mailing Address PO BOX 4451

City	State	Zip Code
LAUREL	MS	39441-4451

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BURROUGHS DIESEL

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.139679**

Date of Receipt

**08 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2750.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT BURROUGHS**

Mailing Address PO BOX 4451

City  
**LAUREL**

State  
**MS**

Zip Code  
**39441-4451**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BURROUGHS DIESEL**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2750.00**

**Transaction ID : SA17.139679B**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-50.00**

☒ Memo Item  
**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT BURROUGHS**

Mailing Address PO BOX 4451

City  
**LAUREL**

State  
**MS**

Zip Code  
**39441-4451**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BURROUGHS DIESEL**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2750.00**

**Transaction ID : SA17.159165**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☒ Memo Item  
**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MR. CURTIS BURSTEIN**

Mailing Address 1033 SUFFIELD AVE

City  
**BIRMINGHAM**

State  
**MI**

Zip Code  
**48009-4622**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PETKIN EQUITIES**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.161375**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMISON S. BURSTEIN**

Mailing Address 1033 SUFFIELD AVE

City	State	Zip Code
BIRMINGHAM	MI	48009-4622

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161372**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KYLE BURTNETT**

Mailing Address 2811 TYLER STREET

City	State	Zip Code
SOUTHLAKE	TX	76092-2216

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

TENET HEALTHCARE

HEALTHCARE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169415**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SHANNON BURTNETT**

Mailing Address 2811 TYLER ST

City	State	Zip Code
SOUTHLAKE	TX	76092-2216

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

TENET HEALTHCARE

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169407**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LARRY D. BURTON**

Mailing Address 4733 N DITTMAR RD

City	State	Zip Code
ARLINGTON	VA	22207-4312

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ACLI

Occupation  
COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.173675**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN ELLIS BUSH JR.**

Mailing Address 100 ANDALUSIA AVE

City	State	Zip Code
CORAL GABLES	FL	33134-6112

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
J.B.A.

Occupation  
MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.170457**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**MARIA BUSH**

Mailing Address 4 S WEST OAK DR  
UNIT 1

City	State	Zip Code
HOUSTON	TX	77056-2063

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNS AND MANAGES APARTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180611**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4000.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NEIL BUSH**

Mailing Address **50 BRIAR HOLLOW LN**  
**STE 200E**

City **HOUSTON** State **TX** Zip Code **77027-9328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUSINESS DEVELOPMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.180599**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. T. BUSH**

Mailing Address **104 RABBIT RUN**

City **HOBE SOUND** State **FL** Zip Code **33455-2309**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUSH O'DONNELL & CO.**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162080**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN BUSTERUD**

Mailing Address **110 BELLA VISTA AVE**

City **BELVEDERE** State **CA** Zip Code **94920-2466**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PACIFIC GAS AND ELECTRIC COMPANY**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.181424**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. C. PRESTON BUTCHER**

Mailing Address 4000 E 3RD AVE  
STE 600

City State Zip Code  
FOSTER CITY CA 94404-4828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LEGACY PARTNERS

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.160575**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CAROLYN BUTCHER**

Mailing Address 4000 E 3RD AVE  
STE 600

City State Zip Code  
FOSTER CITY CA 94404-4828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.160574**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES P. BUTLER**

Mailing Address 1101 CROSS ST

City State Zip Code  
OXFORD MI 48371-3581

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PEA INC.

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161362**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6400.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PATRICK BUTLER**

Mailing Address 7413 ROYAL DOMINION DR

City	State	Zip Code
BETHESDA	MD	20817-4650

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ASSOCIATION OF PUBLIC TELEVISION

Occupation  
PRESIDENT AND CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.180527**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SGT. WILLIAM E. BUTLER**

Mailing Address PO BOX 69050

City	State	Zip Code
SEATTLE	WA	98168-1050

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.168542**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SUSAN BUTT**

Mailing Address 912 ALTA DR

City	State	Zip Code
FORT WORTH	TX	76107-1516

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162252**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAN BUTTERWORTH**

Mailing Address 3297 SEQUOYAH CIR

City

SAINT JOHNS

State

FL

Zip Code

32259-2127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ALL WEATHER CONTRACTORS INC.

Occupation

VICE-PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179245**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL W. BUTTERY**

Mailing Address 6832 OAKLAWN AVE

City

EDINA

State

MN

Zip Code

55435-1627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CAPELLA EDUCATION COMPANY

Occupation

VP PUBLIC AFFAIR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173485**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER BYKE**

Mailing Address 10094 HARDWOOD TRL

City

NORTH ROYALTON

State

OH

Zip Code

44133-6192

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CLEVELAND RESEARCH COMPANY

Occupation

EQUITY RESEARCH SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157555**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LISA BYTNER**

Mailing Address **175 E 73RD ST**

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10021-3515**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LISA BYTNER PR**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158967**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHNNY CABAZOS**

Mailing Address **303 W LEHOW AVE**  
**APT 21**

City  
**ENGLEWOOD**

State  
**CO**

Zip Code  
**80110-6720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OTTEN JOHNSON**

Occupation  
**RECORDS MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**245.00**

**Transaction ID : SA17.160802**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHNNY CABAZOS**

Mailing Address **303 W LEHOW AVE**  
**APT 21**

City  
**ENGLEWOOD**

State  
**CO**

Zip Code  
**80110-6720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OTTEN JOHNSON**

Occupation  
**RECORDS MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**245.00**

**Transaction ID : SA17.162399**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHNNY CABAZOS**

Mailing Address **303 W LEHOW AVE**  
**APT 21**

City **ENGLEWOOD** State **CO** Zip Code **80110-6720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OTTEN JOHNSON**

Occupation  
**RECORDS MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**245.00**

**Transaction ID : SA17.164457**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VICTOR CABRAL**

Mailing Address **1200 N NASH ST**  
**APT 1142**

City **ARLINGTON** State **VA** Zip Code **22209-3682**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WALKER MARTIN HATCH**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175108**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARY LYNN CABRERA**

Mailing Address **44 MOORELAND RD**

City **GREENWICH** State **CT** Zip Code **06831-2645**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ANTUROS REAL ESTATE**

Occupation  
**REAL ESTATE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158246**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3725.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ORLANDO CABRERA**

Mailing Address **2787 N QUEBEC ST**

City

**ARLINGTON**

State

**VA**

Zip Code

**22207-5212**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SQUIRE PATTON BOGGS (US) LLP**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175867**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PERRY CACACE**

Mailing Address **74 OLD LYME RD**

City

**CHAPPAQUA**

State

**NY**

Zip Code

**10514-3814**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PROSKAUER ROSE LLP**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158461**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BILL CADMAN**

Mailing Address **3986 IRON HORSE TRL**

City

**COLORADO SPRINGS**

State

**CO**

Zip Code

**80917-1806**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COLORADO GENERAL ASSEMBLY**

Occupation

**LEGISLATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.160158**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DARRELL CAFASSO**

Mailing Address **14 LINDSLEY RD**

City	State	Zip Code
<b>BASKING RIDGE</b>	<b>NJ</b>	<b>07920-4026</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159116**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JASON B. CAGLE**

Mailing Address **6533 WOODLAND DR**

City	State	Zip Code
<b>DALLAS</b>	<b>TX</b>	<b>75225-2616</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**USPI**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.164593**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICHARD CAGLIA**

Mailing Address **PO BOX 1031**

City	State	Zip Code
<b>FRESNO</b>	<b>CA</b>	<b>93714-1031</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160759**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5700.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ELWOOD F. CAHILL JR.**

Mailing Address **615 ENGLISH TURN DR**

City <b>NEW ORLEANS</b>	State <b>LA</b>	Zip Code <b>70131-3324</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SHER GARNER CAHILL RICHTER KLEIN**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163199**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL CAHILL**

Mailing Address **1966 LOMBARDY DR**

City <b>LA CANADA FLINTRIDGE</b>	State <b>CA</b>	Zip Code <b>91011-1529</b>
-------------------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161338**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES L. CAIN**

Mailing Address **918 COUNTRY CLUB DR**

City <b>HIGH POINT</b>	State <b>NC</b>	Zip Code <b>27262-2806</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166411**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DANIEL CAIN**

Mailing Address 1204 VILLAGE MARKET PL  
UNIT 249

City MORRISVILLE State NC Zip Code 27560-7508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAS

Occupation  
VP & GENERAL MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166368**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. E. LEE CAIN**

Mailing Address 1208 WESTMINSTER DR

City HIGH POINT State NC Zip Code 27262-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166389**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. E. LEE CAIN**

Mailing Address 1208 WESTMINSTER DR

City HIGH POINT State NC Zip Code 27262-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166390**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JERRY L. CAIN**

Mailing Address 2980 FAIRWAY DR.

City	State	Zip Code
CHASKA	MN	55318-3416

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LUMINARA WORLDWIDE, LLC

Occupation  
GENERAL MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169403**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KEVIN CAIN**

Mailing Address 5814 5TH ST NW

City	State	Zip Code
WASHINGTON	DC	20011-2137

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ASSOCIATION OF AMERICAN  
VETERINARY MED

Occupation  
DIRECTOR, GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159458**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEVIN CAIN**

Mailing Address 5814 5TH ST NW

City	State	Zip Code
WASHINGTON	DC	20011-2137

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ASSOCIATION OF AMERICAN  
VETERINARY MED

Occupation  
DIRECTOR, GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168648**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PATRICK E. CAIN**

Mailing Address 5403 NW 54TH DR

City

GAINESVILLE

State

FL

Zip Code

32653-3252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166413**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. CHRISTIANO CALDEIRA**

Mailing Address 5 TAMPA GENERAL CIR  
STE 820

City

TAMPA

State

FL

Zip Code

33606-3658

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CARDIOTHORACIC SURGEON

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168039**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SCOTT CALDWELL**

Mailing Address 1150 4TH ST SW  
PH 20

City

WASHINGTON

State

DC

Zip Code

20024-4479

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WBD - ACG

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163238**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY MICHAEL CALDWELL**

Mailing Address **87 ALEVERA ST**

City	State	Zip Code
IRVINE	CA	92618-7018

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
FUELING AND SERVICE TECHNOLOGIES, INC.	CONSTRUCTION MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177412**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LELAND CALHOUN**

Mailing Address **207 RANGEWOOD RD**

City	State	Zip Code
PINEY FLATS	TN	37686-4530

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.162006**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LELAND CALHOUN**

Mailing Address **207 RANGEWOOD RD**

City	State	Zip Code
PINEY FLATS	TN	37686-4530

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.172764**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LELAND CALHOUN**

Mailing Address 207 RANGEWOOD RD

City	State	Zip Code
PINEY FLATS	TN	37686-4530

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.176493**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LELAND CALHOUN**

Mailing Address 207 RANGEWOOD RD

City	State	Zip Code
PINEY FLATS	TN	37686-4530

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.180579**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MURRAY CALHOUN**

Mailing Address 452 AUDUBON ST

City	State	Zip Code
NEW ORLEANS	LA	70118-4946

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MAC REAL ESTATE, LLC

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173748**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NANCY CALIFF**

Mailing Address **45 WILDWOOD DRIVE**

City	State	Zip Code
ROCK ISLAND	IL	61201-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.166040**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NANCY CALIFF**

Mailing Address **45 WILDWOOD DRIVE**

City	State	Zip Code
ROCK ISLAND	IL	61201-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.174172**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RYAN CALL**

Mailing Address **18642 E POWERS PL**

City	State	Zip Code
AURORA	CO	80015-5111

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HALE WESTFALL LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.159611**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AMANDA CALLAHAN**

Mailing Address **2148 2ND AVE**  
**APT 3A**

City **NEW YORK** State **NY** Zip Code **10029-3299**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**210.00**

**Transaction ID : SA17.160400**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AMANDA CALLAHAN**

Mailing Address **2148 2ND AVE**  
**APT 3A**

City **NEW YORK** State **NY** Zip Code **10029-3299**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**210.00**

**Transaction ID : SA17.170201**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRIAN CALLACI**

Mailing Address **610 ESSEX RD**

City **KENILWORTH** State **IL** Zip Code **60043-1130**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MOELIS & COMPANY**

Occupation  
**INVESTMENT BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.160900**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1035.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRIAN CALLACI**

Mailing Address **610 ESSEX RD**

City

**KENILWORTH**

State

**IL**

Zip Code

**60043-1130**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MOELIS & COMPANY**

Occupation

**INVESTMENT BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.169620**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN CALLAHAN**

Mailing Address **33 PEDERZINI DR**

City

**MEDFIELD**

State

**MA**

Zip Code

**02052-1428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**KPMG LLP**

Occupation

**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.167452**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN CALLAHAN**

Mailing Address **33 PEDERZINI DR**

City

**MEDFIELD**

State

**MA**

Zip Code

**02052-1428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**KPMG LLP**

Occupation

**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.176867**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM CALLAN**

Mailing Address 11625 ROLLING MEADOW DR

City	State	Zip Code
GREAT FALLS	VA	22066-1344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.164251**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM CALLAN**

Mailing Address 11625 ROLLING MEADOW DR

City	State	Zip Code
GREAT FALLS	VA	22066-1344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.171657**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM CALLAN**

Mailing Address 11625 ROLLING MEADOW DR

City	State	Zip Code
GREAT FALLS	VA	22066-1344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.178859**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**DR. ROBERT A. CALLEWART**

Mailing Address 4911 SHADYWOOD

City	State	Zip Code
DALLAS	TX	75209-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.169490**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JAMES CALZARETTA**

Mailing Address 1528 N MAPLEWOOD AVE

City	State	Zip Code
CHICAGO	IL	60622-1643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer DELOITTE TAX	Occupation PARTNER
----------------------------------	-----------------------

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157974**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT E. CAMBLIN**

Mailing Address 2409 CHESTNUT ST  
APT 8

City	State	Zip Code
ATLANTIC	IA	50022-2589

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer CAMBLIN MECHANICAL, INC.	Occupation MECHANICAL CONTRACTOR
--	-------------------------------------

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1125.00

**Transaction ID : SA17.174758**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3500.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HENRY CAMEJO**

Mailing Address 13660 NW 10TH LN

City	State	Zip Code
MIAMI	FL	33182-2630

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173532**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS H. CAMERON**

Mailing Address 875 N MICHIGAN AVE  
STE 3740

City	State	Zip Code
CHICAGO	IL	60611-1946

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CRL SERVICES, INC.**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158517**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**COL. ROBERT J. CAMERON USAF (RET)**

Mailing Address RF210665 CARDINAL POND TER  
APT 116

City	State	Zip Code
ASHBURN	VA	20147-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.155328**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**COL. ROBERT J. CAMERON USAF (RET)**

Mailing Address **RF210665 CARDINAL POND TER**  
**APT 116**

City **ASHBURN** State **VA** Zip Code **20147-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.169123**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**COL. ROBERT J. CAMERON USAF (RET)**

Mailing Address **RF210665 CARDINAL POND TER**  
**APT 116**

City **ASHBURN** State **VA** Zip Code **20147-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.175270**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**COL. ROBERT J. CAMERON USAF (RET)**

Mailing Address **RF210665 CARDINAL POND TER**  
**APT 116**

City **ASHBURN** State **VA** Zip Code **20147-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.177730**

Date of Receipt

**12 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRIAN L. CAMPBELL**

Mailing Address 1344 WAHKIN RD

City

COLLIERVILLE

State

TN

Zip Code

38017-3381

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166611**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES M. CAMPBELL**

Mailing Address 1100 PEMBRIDGE DR  
APT 303

City

LAKE FOREST

State

IL

Zip Code

60045-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.171168**

Date of Receipt

MM / DD / YYYY  
11 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

350.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JIM CAMPBELL**

Mailing Address 2039 CENTRE POINTE BLVD  
STE 203

City

TALLAHASSEE

State

FL

Zip Code

32308-4366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JAMES CAMPBELL & ASSOCIATES

Occupation

WEALTH MGT. ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.155466**

Date of Receipt

MM / DD / YYYY  
10 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KATHRYN ANN CAMPBELL**

Mailing Address 218 ASHBOURNE CT

City	State	Zip Code
MELBOURNE	FL	32940-2101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASCENSION CATHOLIC SCHOOL

Occupation  
ADMINISTRATIVE ASSISTANT TO PRINCIPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165828**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARGARET OSE CAMPBELL**

Mailing Address 2399 AMERICAN RIVER DR  
STE 7

City	State	Zip Code
SACRAMENTO	CA	95825-7070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OSE PROPERTIES, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173039**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOE CAMPISE**

Mailing Address 615 EASTON AVE

City	State	Zip Code
GENEVA	IL	60134-3033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACHIEVEMENT ASSET MANAGEMENT

Occupation  
HEDGE FUND

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157655**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARCI CAMPISE**

Mailing Address **615 EASTON AVE**

City <b>GENEVA</b>	State <b>IL</b>	Zip Code <b>60134-3033</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157654**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GEORGE CANALE**

Mailing Address **25 FOX HOLLOW RIDINGS RD**

City <b>NORTHPORT</b>	State <b>NY</b>	Zip Code <b>11768-2244</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159509**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE CANALE**

Mailing Address **25 FOX HOLLOW RIDINGS RD**

City <b>NORTHPORT</b>	State <b>NY</b>	Zip Code <b>11768-2244</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173768**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5400.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. J. SCOTT CANDRIAN**

Mailing Address 6240 N VIA ACACIA

City  
**TUCSON**

State  
**AZ**

Zip Code  
**85718-3405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CANDRIAN J. SCOTT & BEVE**

Occupation  
**PRINCIPAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.164382**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOELLEN CANIZARO**

Mailing Address 23 ESCAPADE CT

City  
**NEWPORT BEACH**

State  
**CA**

Zip Code  
**92663-2353**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161881**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ALMA GARZA CANO**

Mailing Address PO BOX 3335

City  
**CAREFREE**

State  
**AZ**

Zip Code  
**85377-3335**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**505.00**

**Transaction ID : SA17.166426**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3705.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HON. ERIC CANTOR**

Mailing Address 6004 OXBURY CT

City

GLEN ALLEN

State

VA

Zip Code

23059-5455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MOELIS & COMPANY**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162964**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. ERIC CANTOR**

Mailing Address 6004 OXBURY CT

City

GLEN ALLEN

State

VA

Zip Code

23059-5455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MOELIS & COMPANY**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162965**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MRS. DIANA CANTOR**

Mailing Address 6004 OXBURY CT

City

GLEN ALLEN

State

VA

Zip Code

23059-5455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168188**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HON. ERIC CANTOR**

Mailing Address 6004 OXBURY CT

City

GLEN ALLEN

State

VA

Zip Code

23059-5455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOELIS & COMPANY

Occupation

MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162965B**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. RONNIE CRUZ CANTU**

Mailing Address 1321 MARBLE RD

City

PHARR

State

TX

Zip Code

78577-6442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RONNIE CANTU INSURANCE COMPANY

Occupation

INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.166369**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MASON CAPITANI**

Mailing Address 3681 SLEEPY FOX DR

City

ROCHESTER HILLS

State

MI

Zip Code

48309-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

L. MASON CAPITANI, INC.

Occupation

REAL ESTATE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159495**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS CAPPIELLO**

Mailing Address 26146 RAMPART BLVD

City

PUNTA GORDA

State

FL

Zip Code

33983-6207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MORGAN STANLEY

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.170715**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS CAPPIELLO**

Mailing Address 26146 RAMPART BLVD

City

PUNTA GORDA

State

FL

Zip Code

33983-6207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MORGAN STANLEY

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.175769**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ISIS CARBALLO**

Mailing Address 617 CALLE ARECIBO

City

SAN JUAN

State

PR

Zip Code

00907-3124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MCCONNELL VALDS

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165912**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. J. MICHAEL CARBINE III**

Mailing Address 11 AUDUBON PL

City	State	Zip Code
NEW ORLEANS	LA	70118-5525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**M. CARBINE RESTORATIONS LTD**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174435**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. JOSEFINA G. CARBONELL**

Mailing Address 434 ALHAMBRA CIR

City	State	Zip Code
CORAL GABLES	FL	33134-4902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ILS**

Occupation  
**SVP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

885.00

**Transaction ID : SA17.162974**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. JOSEFINA G. CARBONELL**

Mailing Address 434 ALHAMBRA CIR

City	State	Zip Code
CORAL GABLES	FL	33134-4902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ILS**

Occupation  
**SVP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

885.00

**Transaction ID : SA17.166829**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1300.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. JOSEFINA G. CARBONELL**

Mailing Address 434 ALHAMBRA CIR

City	State	Zip Code
CORAL GABLES	FL	33134-4902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ILS

Occupation  
SVP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

885.00

**Transaction ID : SA17.168833**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. JOSEFINA G. CARBONELL**

Mailing Address 434 ALHAMBRA CIR

City	State	Zip Code
CORAL GABLES	FL	33134-4902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ILS

Occupation  
SVP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

885.00

**Transaction ID : SA17.175779**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD CARBONE**

Mailing Address 469 EDINBORO RD

City	State	Zip Code
STATEN ISLAND	NY	10306-1262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161175**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2735.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. A. BRADFORD CARD**

Mailing Address 896 HELGA PL

City

MCLEAN

State

VA

Zip Code

22102-2164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CARD AND ASSOCIATES, LLC

Occupation

LOBBYIST

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173215**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHRIS J. CARD**

Mailing Address 5901 PRINTERY ST

City

TAMPA

State

FL

Zip Code

33616-1449

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LUTHERAN SERVICES FLORIDA

Occupation

ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.156410**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ORSON SCOTT CARD**

Mailing Address 401 WILLOUGHBY BLVD

City

GREENSBORO

State

NC

Zip Code

27408-3135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

WRITER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.181797**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**ENRIQUE CARDENAS AVELLANO**

Mailing Address 305 VERMONT AVE

City	State	Zip Code
MCALLEN	TX	78503-3065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RADIO STATION

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164120**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FRANK CARDENAS**

Mailing Address 133 MENDON LN SW

City	State	Zip Code
VIENNA	VA	22180-6266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.164257**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**FRANK CARDENAS**

Mailing Address 133 MENDON LN SW

City	State	Zip Code
VIENNA	VA	22180-6266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171658**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2900.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANK CARDENAS**

Mailing Address 133 MENDON LN SW

City	State	Zip Code
VIENNA	VA	22180-6266

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178790**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ISABEL M. CARDEN**

Mailing Address 130 E 67TH ST

City	State	Zip Code
NEW YORK	NY	10065-6136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LYONDALE BASEL

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172704**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JESUS CARDENAS JR.**

Mailing Address 2501 E GUASTI RD

City	State	Zip Code
ONTARIO	CA	91761-7657

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CARDENAS MARKETS

Occupation  
VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165656**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSE CARDENAS**

Mailing Address 2501 E GUASTI RD

City	State	Zip Code
ONTARIO	CA	91761-7657

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CARDENAS MARKETS**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165655**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SHANNON CARDWELL**

Mailing Address 361 LEWALLEN HOLLOW LN

City	State	Zip Code
CLINTON	TN	37716-6522

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GERDAU**

Occupation  
**PLANNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.165599**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHANNON CARDWELL**

Mailing Address 361 LEWALLEN HOLLOW LN

City	State	Zip Code
CLINTON	TN	37716-6522

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GERDAU**

Occupation  
**PLANNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.177004**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2730.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM P. CAREY II**

Mailing Address 50 ROCKEFELLER PLZ

City	State	Zip Code
NEW YORK	NY	10020-1605

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WP CAREY

Occupation  
REAL ESTATE/FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161201**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. C. KEITH CARGILL**

Mailing Address 4201 LIVINGSTON AVE

City	State	Zip Code
DALLAS	TX	75205-2703

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TEXAS CAPITAL BANK

Occupation  
BANK EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169480**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KATHLEEN CARGILL**

Mailing Address 4201 LIVINGSTON AVE

City	State	Zip Code
DALLAS	TX	75205-2703

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169482**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW J. CARL**

Mailing Address 2812 ANDERSON DR

City	State	Zip Code
ALLISON PARK	PA	15101-1302

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BLUMLING & GUSKEY, LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165673**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM CARLETON**

Mailing Address 37859 N FORK RD

City	State	Zip Code
PURCELLVILLE	VA	20132-5105

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FEDSIGHT LLC**

Occupation  
**ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167541**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BUCKLEY CARLSON**

Mailing Address 4950 HILLBROOK LN NW

City	State	Zip Code
WASHINGTON	DC	20016-3208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**WRITER/STRATEGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173296**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DIANE CARLSON**

Mailing Address 11 HUNTWICK LN

City

ENGLEWOOD

State

CO

Zip Code

80113-7111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.160157**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DONALD R. CARLSON**

Mailing Address 1330 S WHEATON DR

City

SAINT CHARLES

State

MO

Zip Code

63301-0891

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.162862**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DONALD R. CARLSON**

Mailing Address 1330 S WHEATON DR

City

SAINT CHARLES

State

MO

Zip Code

63301-0891

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.167001**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EFFIE CARLSON**

Mailing Address **8432 E PLAZA AVE**

City

**SCOTTSDALE**

State

**AZ**

Zip Code

**85250-6705**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CARECENTRIX**

Occupation

**DIRECTOR OF PROVIDER MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.160101**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. BARBARA B. CARLTON**

Mailing Address **2810 WILFRED REID CIR**

City

**SARASOTA**

State

**FL**

Zip Code

**34240-8635**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**RANCHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173007**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTANNE CARLTON**

Mailing Address **54 RAINEY ST**  
**APT 916**

City

**AUSTIN**

State

**TX**

Zip Code

**78701-4395**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PROASSURANCE**

Occupation

**NURSE/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**950.00**

**Transaction ID : SA17.157510**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTANNE CARLTON**

Mailing Address **54 RAINEY ST**  
**APT 916**

City **AUSTIN** State **TX** Zip Code **78701-4395**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PROASSURANCE**

Occupation  
**NURSE/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**950.00**

**Transaction ID : SA17.164126**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTANNE CARLTON**

Mailing Address **54 RAINEY ST**  
**APT 916**

City **AUSTIN** State **TX** Zip Code **78701-4395**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PROASSURANCE**

Occupation  
**NURSE/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**950.00**

**Transaction ID : SA17.177543**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN CARLYLE**

Mailing Address **3401 LEE PKWY**  
**APT 505**

City **DALLAS** State **TX** Zip Code **75219-5219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166555**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SUSAN R. CARLYLE**

Mailing Address **3401 LEE PKWY.**  
**STE. 505**

City State Zip Code  
**DALLAS TX 75219-5219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PRIVATE INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166556**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JIM CARMACK**

Mailing Address **904 SILVER SPUR RD**  
**# 470**

City State Zip Code  
**ROLLING HILLS ESTATES CA 90274-3800**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRITAURIAN CAPITAL**

Occupation  
**M.D.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158033**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL P. CARMICHAEL**

Mailing Address **10691 WINTERWOOD**

City State Zip Code  
**CARMEL IN 46032-8258**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162995**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. DANIEL CARNEVAL**

Mailing Address 3819 HIDDEN SPRINGS DR

City	State	Zip Code
ERIE	PA	16506-3753

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158368**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SALLIE K. CARNEVAL**

Mailing Address 3819 HIDDEN SPRINGS DR

City	State	Zip Code
ERIE	PA	16506-3753

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172417**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIM CARNES**

Mailing Address 809 W LAKE DR

City	State	Zip Code
TAYLOR	TX	76574-1506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DANZE CONCRETE INC.**

Occupation  
**FINANCIAL MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.161076**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIM CARNES**

Mailing Address 809 W LAKE DR

City	State	Zip Code
TAYLOR	TX	76574-1506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DANZE CONCRETE INC.

Occupation  
FINANCIAL MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.161490**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN J. CARONA JR.**

Mailing Address 3203 ALDERSON ST

City	State	Zip Code
DALLAS	TX	75214-3059

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ASSOCIA

Occupation  
OPS DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181137**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CECILIA CARPINELLI**

Mailing Address 523 KEARNEY ST

City	State	Zip Code
ATCHISON	KS	66002-1816

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
USD #377, EFFINGHAM, KS

Occupation  
EMERGENCY SUBSTITUTE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

332.00

**Transaction ID : SA17.163813**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CECILIA CARPINELLI**

Mailing Address 523 KEARNEY ST

City

ATCHISON

State

KS

Zip Code

66002-1816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

USD #377, EFFINGHAM, KS

Occupation

EMERGENCY SUBSTITUTE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

332.00

**Transaction ID : SA17.168912**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CECILIA CARPINELLI**

Mailing Address 523 KEARNEY ST

City

ATCHISON

State

KS

Zip Code

66002-1816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

USD #377, EFFINGHAM, KS

Occupation

EMERGENCY SUBSTITUTE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

332.00

**Transaction ID : SA17.171544**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CECILIA CARPINELLI**

Mailing Address 523 KEARNEY ST

City

ATCHISON

State

KS

Zip Code

66002-1816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

USD #377, EFFINGHAM, KS

Occupation

EMERGENCY SUBSTITUTE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

332.00

**Transaction ID : SA17.175186**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

27.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CECILIA CARPINELLI**

Mailing Address 523 KEARNEY ST

City

ATCHISON

State

KS

Zip Code

66002-1816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

USD #377, EFFINGHAM, KS

Occupation

EMERGENCY SUBSTITUTE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

332.00

**Transaction ID : SA17.176301**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CECILIA CARPINELLI**

Mailing Address 523 KEARNEY ST

City

ATCHISON

State

KS

Zip Code

66002-1816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

USD #377, EFFINGHAM, KS

Occupation

EMERGENCY SUBSTITUTE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

332.00

**Transaction ID : SA17.178734**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CECILIA CARPINELLI**

Mailing Address 523 KEARNEY ST

City

ATCHISON

State

KS

Zip Code

66002-1816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

USD #377, EFFINGHAM, KS

Occupation

EMERGENCY SUBSTITUTE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

332.00

**Transaction ID : SA17.179407**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

55.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAROL CARR**

Mailing Address 6330 RIVERSIDE DR

City	State	Zip Code
PUNTA GORDA	FL	33982-1569

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FARR LAW FRIM

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166581**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAYTON T. CARR**

Mailing Address 424 E 52ND ST  
APT 7C

City	State	Zip Code
NEW YORK	NY	10022-6583

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VCFA GROUP

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171801**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. DIANE WAGNER CARR**

Mailing Address 1550 CRISTOBAL DR

City	State	Zip Code
TALLAHASSEE	FL	32303-5626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOPPING GREEN & SAMS

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160576**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GREG CARR**

Mailing Address 4185 S HOLMES AVE

City	State	Zip Code
IDAHO FALLS	ID	83404-7982

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169868**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN D. CARRACKER**

Mailing Address 4321 OVERHILL DR

City	State	Zip Code
DALLAS	TX	75205-4328

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JET LINK

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168326**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER J. CARRAS**

Mailing Address 2301 W SUGNET RD

City	State	Zip Code
MIDLAND	MI	48640-2648

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165794**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL CARRERE**

Mailing Address 5415 LYKES LN

City	State	Zip Code
TAMPA	FL	33611-4746

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LUKES BRO., INC.

Occupation  
MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158546**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROGELIO L. CARRERA**

Mailing Address 145 WILDLIFE RD

City	State	Zip Code
CAVE CITY	KY	42127-8643

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.160296**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANE CARROLL**

Mailing Address 11090 TURTLE BEACH RD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-3423

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178079**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JANE C. CARROLL**

Mailing Address 1800 COULTER PARKWAY

City	State	Zip Code
CORNELIUS	NC	28031-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.173443**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SAMANTHA CARROLL**

Mailing Address 1308 WALNUT AVE

City	State	Zip Code
MANHATTAN BEACH	CA	90266-5051

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JLL

Occupation  
BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.173063**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**MS. SARRAH CARROLL**

Mailing Address 1008 PINEY Z PLANTATION RD

City	State	Zip Code
TALLAHASSEE	FL	32311-1251

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

**Transaction ID : SA17.158433**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. NELSON S. CARSWELL JR.**

Mailing Address 101 WOODRIDGE RD

City	State	Zip Code
DUBLIN	GA	31021-2940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171185**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RAYMOND CARSWELL**

Mailing Address 2717 S FERDINAND AVE

City	State	Zip Code
TAMPA	FL	33629-7125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AVISON YOUNG**

Occupation  
**COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.155482**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRIAN CARTER**

Mailing Address 1000 SAN MARCOS ST

City	State	Zip Code
AUSTIN	TX	78702-2605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TEXAS GENERAL LAND OFFICE**

Occupation  
**SR. DEPUTY DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177337**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EDWARD CARTER**

Mailing Address 4910 LYFORD CAY RD

City	State	Zip Code
TAMPA	FL	33629-4829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FLORIDA ATTORNEY GENERAL

Occupation  
ASSISTANT ATTORNEY GENERAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

504.00

**Transaction ID : SA17.165699**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**EDWARD CARTER**

Mailing Address 4910 LYFORD CAY RD

City	State	Zip Code
TAMPA	FL	33629-4829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FLORIDA ATTORNEY GENERAL

Occupation  
ASSISTANT ATTORNEY GENERAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

504.00

**Transaction ID : SA17.165847**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDWARD CARTER**

Mailing Address 4910 LYFORD CAY RD

City	State	Zip Code
TAMPA	FL	33629-4829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FLORIDA ATTORNEY GENERAL

Occupation  
ASSISTANT ATTORNEY GENERAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

504.00

**Transaction ID : SA17.170375**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

502.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****EDWARD CARTER**

Mailing Address 4910 LYFORD CAY RD

City	State	Zip Code
TAMPA	FL	33629-4829

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
FLORIDA ATTORNEY GENERALOccupation  
ASSISTANT ATTORNEY GENERAL

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

504.00

**Transaction ID : SA17.173736**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****EDWARD CARTER**

Mailing Address 4910 LYFORD CAY RD

City	State	Zip Code
TAMPA	FL	33629-4829

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
FLORIDA ATTORNEY GENERALOccupation  
ASSISTANT ATTORNEY GENERAL

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

504.00

**Transaction ID : SA17.178284**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City	State	Zip Code
LONGMONT	CO	80501-5612

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.157368**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

27.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.159305**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.162782**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.163501**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.165507**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.166432**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.168354**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.168779**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.170355**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.170356**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

55.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.171238**

Date of Receipt

MM / DD / YYYY  
11 / 25 / 2015

DD / YYYY  
25 / 2015

YYYY  
2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.174552**

Date of Receipt

MM / DD / YYYY  
12 / 07 / 2015

DD / YYYY  
07 / 2015

YYYY  
2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.175763**

Date of Receipt

MM / DD / YYYY  
12 / 14 / 2015

DD / YYYY  
14 / 2015

YYYY  
2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.176105**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.178353**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.178638**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRUDENCE CARTER**

Mailing Address 152 4TH AVE

City

LONGMONT

State

CO

Zip Code

80501-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.179152**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SUSAN CARTER**

Mailing Address 2701 GLENWOOD GARDENS LN

City

RALEIGH

State

NC

Zip Code

27608-1397

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.165172**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FORD CARTWRIGHT**

Mailing Address 5034 CHAMPIONS DR

City

LUFKIN

State

TX

Zip Code

75901-7346

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.164166**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FORD CARTWRIGHT**

Mailing Address 5034 CHAMPIONS DR

City	State	Zip Code
LUFKIN	TX	75901-7346

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE BROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.171402**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ALINA CARUNCHO**

Mailing Address 188 SOUTH DR

City	State	Zip Code
MIAMI SPRINGS	FL	33166-5922

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DISNEY MEDIA DIST. LATIN AMERICA**

Occupation  
**SALES SUPERVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174349**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JUAN CARUNCHO**

Mailing Address 188 SOUTH DR

City	State	Zip Code
MIAMI SPRINGS	FL	33166-5922

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CARUNCH ARCHITECTS, PA**

Occupation  
**ARCHITECT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174354**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALLAN CARVAJAL**

Mailing Address 19892 NW 88TH AVE

City	State	Zip Code
HIALEAH	FL	33018-6206

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
A1 LANDSCAPING

Occupation  
CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181149**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CATHERINE H. CARY**

Mailing Address 24 AUDUBON PL

City	State	Zip Code
NEW ORLEANS	LA	70118-5526

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170747**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE R. CARY III**

Mailing Address 24 AUDUBON PL

City	State	Zip Code
NEW ORLEANS	LA	70118-5526

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SEISMIC EXCHANGE

Occupation  
EXECUTIVE VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170746**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEORGE R. CARY IV**

Mailing Address 1400 MCKINNEY ST  
UNIT 2505

City State Zip Code  
HOUSTON TX 77010-4060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BARCLAYS

Occupation  
BANKING ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170788**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GRACE CATHERINE CARY**

Mailing Address 24 AUDUBON PL

City State Zip Code  
NEW ORLEANS LA 70118-5526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170745**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN HAVENS CARY**

Mailing Address 24 AUDUBON PL

City State Zip Code  
NEW ORLEANS LA 70118-5526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170744**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. LUIS A. CASANOVA**

Mailing Address 119 SINCLAIR ST SW

City

PORT CHARLOTTE

State

FL

Zip Code

33952-9142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CASANOVA & CASANDVA MD PA

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1125.00

**Transaction ID : SA17.168690**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM CASE**

Mailing Address 28750 WALL STREET

City

MILFORD

State

MI

Zip Code

48318-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PROFESSIONAL SPRINKLER, INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160944**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHRISTOPHER CASHMAN III**

Mailing Address 8 GOLF VIEW DR

City

LAFAYETTE HILL

State

PA

Zip Code

19444-1747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INDEPENDENCE BLUE CROSS

Occupation

HEALTH INSURANCE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166340**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD CASS**

Mailing Address **7 MAGNOLIA PKWY**

City

**CHEVY CHASE**

State

**MD**

Zip Code

**20815-4206**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BALTIMORE RAVENS**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.171970**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MATTHEW CASTALDO**

Mailing Address **83 SUMMIT RIDGE DR**

City

**BRAINTREE**

State

**MA**

Zip Code

**02184-8538**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ERNST & YOUNG**

Occupation

**VALUATION ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.163282**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GIRALDO CASTELLON**

Mailing Address **9841 NW 130TH ST**

City

**HIALEAH GARDENS**

State

**FL**

Zip Code

**33018-1853**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CASTELLON PLUMBING**

Occupation

**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.159173**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALEJANDRO CASTILLO**

Mailing Address 8060 CRIANZA PL  
APT 54

City State Zip Code  
VIENNA VA 22182-4068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.174936**

Date of Receipt

M M / D D / Y Y Y Y  
12 10 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARIO CASTILLO**

Mailing Address 2472 BELMONT RD NW

City State Zip Code  
WASHINGTON DC 20008-1610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE AEGIS GROUP

Occupation  
GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.175049**

Date of Receipt

M M / D D / Y Y Y Y  
12 09 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARIA D. CASTILLO**

Mailing Address 430 GRAND BAY DR  
APT 503

City State Zip Code  
KEY BISCAYNE FL 33149-1935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BETA CAPITAL MANAGEMENT, LP

Occupation  
MONEY MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174390**

Date of Receipt

M M / D D / Y Y Y Y  
12 08 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CARLOS CASTRESANA**

Mailing Address 2670 NE 47TH ST

City	State	Zip Code
LIGHTHOUSE POINT	FL	33064-7130

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WELLS FARGO

Occupation  
PRACTICE LEADER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177558**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**COLBY CASTRO**

Mailing Address 3616 COUNTRY CLUB CIR

City	State	Zip Code
FORT WORTH	TX	76109-1033

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175855**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT CASTRIGNANO**

Mailing Address 1251 AVENUE OF THE AMERICAS

City	State	Zip Code
NEW YORK	NY	10020-1104

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SANDLER ONEILL

Occupation  
BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170198**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5650.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT JAMES CASTRO**

Mailing Address **5132 WESTPATH WAY**

City <b>BETHESDA</b>	State <b>MD</b>	Zip Code <b>20816-2318</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE SALES/ AUTHOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.175202**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD CATAHAY**

Mailing Address **P.O. BOX 164**

City <b>KAKE</b>	State <b>AK</b>	Zip Code <b>99830-0164</b>
---------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KCSD**

Occupation  
**TEACHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.163385**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICHARD CATAHAY**

Mailing Address **P.O. BOX 164**

City <b>KAKE</b>	State <b>AK</b>	Zip Code <b>99830-0164</b>
---------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KCSD**

Occupation  
**TEACHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.168724**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2550.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD CATAHAY**

Mailing Address P.O. BOX 164

City  
KAKE

State  
AK

Zip Code  
99830-0164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KCSD

Occupation  
TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.169942**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD CATAHAY**

Mailing Address P.O. BOX 164

City  
KAKE

State  
AK

Zip Code  
99830-0164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KCSD

Occupation  
TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175744**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICHARD CATAHAY**

Mailing Address P.O. BOX 164

City  
KAKE

State  
AK

Zip Code  
99830-0164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KCSD

Occupation  
TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175965**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD CATAHAY**

Mailing Address P.O. BOX 164

City  
KAKE

State  
AK

Zip Code  
99830-0164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KCSO

Occupation  
TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177136**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN CATCHINGS**

Mailing Address 2524 PRESTON RD  
APT 401

City  
PLANO

State  
TX

Zip Code  
75093-3571

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163317**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN CATCHINGS**

Mailing Address 2524 PRESTON RD  
APT 401

City  
PLANO

State  
TX

Zip Code  
75093-3571

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177032**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY CATHEY**

Mailing Address 3106 W DUNWOODIE ST

City	State	Zip Code
TAMPA	FL	33629-5212

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158555**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS CATLETT**

Mailing Address PO BOX 17613

City	State	Zip Code
RICHMOND	VA	23226

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

MORGAN STANLEY

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169892**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GREG CATON**

Mailing Address 7144 TURNBERRY CT

City	State	Zip Code
TYLER	TX	75703-0903

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

CATON PROPERTY GROUP, LLC

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160724**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHERRI CATON**

Mailing Address **7144 TURNBERRY CT**

City <b>TYLER</b>	State <b>TX</b>	Zip Code <b>75703-0903</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer <b>INFORMATION REQUESTED PER BEST EFF</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>
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Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.160701**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RYAN CAUFIELD**

Mailing Address **3600 FOX DR**

City <b>LOVELAND</b>	State <b>CO</b>	Zip Code <b>80537-7821</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer <b>US NAVY</b>	Occupation <b>PHYSICIAN</b>
------------------------------------	--------------------------------

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.163232**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEVIN CAULFIELD**

Mailing Address **45 SEATON PL NW**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20001-1033</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>CONSULTANT</b>
--	---------------------------------

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.158855**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KEVIN CAULFIELD**

Mailing Address 45 SEATON PL NW

City	State	Zip Code
WASHINGTON	DC	20001-1033

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.173593**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MIGUEL CAUVI**

Mailing Address 445 GRAND BAY DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-1905

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HONCORP**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173566**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOE CAVENDER**

Mailing Address 7409 CROSS RD

City	State	Zip Code
TYLER	TX	75703-0574

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.159142**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6650.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MR. JOE CAVENDER**

Mailing Address 7409 CROSS RD

City	State	Zip Code
TYLER	TX	75703-0574

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.159142B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)****MR. JOE CAVENDER**

Mailing Address 7409 CROSS RD

City	State	Zip Code
TYLER	TX	75703-0574

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☐ Primary    ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.165466**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)****MRS. NANCY CAVENDER**

Mailing Address 7409 CROSS RD

City	State	Zip Code
TYLER	TX	75703-0574

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.161561**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. NANCY CAVENDER**

Mailing Address 7409 CROSS RD

City	State	Zip Code
TYLER	TX	75703-0574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.161561B**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MRS. NANCY CAVENDER**

Mailing Address 7409 CROSS RD

City	State	Zip Code
TYLER	TX	75703-0574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.165464**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MRS. SUZANNE WEST CAVENDER**

Mailing Address 524 ALTA AVE

City	State	Zip Code
SAN ANTONIO	TX	78209-4430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.159141**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 421 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SUZANNE WEST CAVENDER**

Mailing Address 524 ALTA AVE

City	State	Zip Code
SAN ANTONIO	TX	78209-4430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.162016**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SUZANNE WEST CAVENDER**

Mailing Address 524 ALTA AVE

City	State	Zip Code
SAN ANTONIO	TX	78209-4430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.172237**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. MAURICE CAYON**

Mailing Address 3857 W 16TH AVE

City	State	Zip Code
HIALEAH	FL	33012-7002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BARRETO GROUP

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175692**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RUDOLPH A. CECCHI**

Mailing Address **2665 S BAYSHORE DR**  
**STE 620**

City	State	Zip Code
<b>MIAMI</b>	<b>FL</b>	<b>33133-5406</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RUDOLPH CECCHI & ASSOCIATES**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.162986**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICK A CECIL**

Mailing Address **8206 NAVIGATION DR**

City	State	Zip Code
<b>ROWLETT</b>	<b>TX</b>	<b>75088-6666</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GLECO PLATING, INC.**

Occupation  
**PURCHASING MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.157177**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICK A CECIL**

Mailing Address **8206 NAVIGATION DR**

City	State	Zip Code
<b>ROWLETT</b>	<b>TX</b>	<b>75088-6666</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GLECO PLATING, INC.**

Occupation  
**PURCHASING MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.172021**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**550.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 423 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK A CECIL**

Mailing Address 8206 NAVIGATION DR

City

ROWLETT

State

TX

Zip Code

75088-6666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GLECO PLATING, INC.

Occupation

PURCHASING MANAGER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.179118**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICK A CECIL**

Mailing Address 8206 NAVIGATION DR

City

ROWLETT

State

TX

Zip Code

75088-6666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GLECO PLATING, INC.

Occupation

PURCHASING MANAGER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.179503**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. F. PAUL CELAURO**

Mailing Address 5326 MCCULLOCH CIR

City

HOUSTON

State

TX

Zip Code

77056-6619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D.E.C

Occupation

ENGINEER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.159015**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2775.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 424 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. F. PAUL CELAURO**

Mailing Address 5326 MCCULLOCH CIR

City	State	Zip Code
HOUSTON	TX	77056-6619

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D.E.C

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.159015B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. F. PAUL CELAURO**

Mailing Address 5326 MCCULLOCH CIR

City	State	Zip Code
HOUSTON	TX	77056-6619

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D.E.C

Occupation  
ENGINEER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175660**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**JUSTIN CERILLI**

Mailing Address 24 MEADOW RD

City	State	Zip Code
RIVERSIDE	CT	06878-2328

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RUSSELL REYNOLDS

Occupation  
SEARCH CONSULTANT / TALENT  
ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159065**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BENSON CHACKO**

Mailing Address 6308 LA POSTA DR

City	State	Zip Code
EL PASO	TX	79912-1863

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TENET HEALTHCARE**

Occupation  
**COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175461**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TRAVIS NOLEN CHAFIN**

Mailing Address 8901 CASTLE ARCH CT

City	State	Zip Code
AUSTIN	TX	78749-4210

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164395**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MIKE CHAHINIAN**

Mailing Address 511 E 20TH ST

City	State	Zip Code
NEW YORK	NY	10010-7522

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.158308**

Date of Receipt

**10 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MIKE CHAHINIAN**

Mailing Address **511 E 20TH ST**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10010-7522</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**251.00**

**Transaction ID : SA17.160413**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JANET P. CHAMBERS**

Mailing Address **609 ECHO GLEN AVE**

City <b>RIVERVALE</b>	State <b>NJ</b>	Zip Code <b>07675-5607</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.157561**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDGAR CHAMORRO**

Mailing Address **7801 NW 37TH ST**  
**# 5593**

City <b>DORAL</b>	State <b>FL</b>	Zip Code <b>33195-6503</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172498**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2801.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EDUARDO CHAMORRO**

Mailing Address **1451 S MIAMI AVE**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33130-4306</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MEDTRONIC**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172499**

Date of Receipt

M M / D D / Y Y Y Y
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATTIA MARIA CHAMORRO**

Mailing Address **520 S MASHTA DR**

City <b>KEY BISCAYNE</b>	State <b>FL</b>	Zip Code <b>33149-1733</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172491**

Date of Receipt

M M / D D / Y Y Y Y
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATTIA RASKOSKY CHAMORRO**

Mailing Address **520 S MASHTA DR**

City <b>KEY BISCAYNE</b>	State <b>FL</b>	Zip Code <b>33149-1733</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172492**

Date of Receipt

M M / D D / Y Y Y Y
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARIA-JOSE CHAMORRO**

Mailing Address **CALLE LA GUACALCHIA #14**

City	State	Zip Code
<b>SAN SALVADOR, EL SALVADOR</b>	<b>FF</b>	<b>99999-</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.172490**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**EDWARD CHANDLER**

Mailing Address **281 W LAUREL AVE**

City	State	Zip Code
<b>LAKE FOREST</b>	<b>IL</b>	<b>60045-1119</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**VENTURE CAPITAL FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.155283**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. RAJ CHANDERRAJ**

Mailing Address **2270 CANDLESTICK AVE**

City	State	Zip Code
<b>HENDERSON</b>	<b>NV</b>	<b>89052-2359</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.154204**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3400.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RADHA CHANDERRAJ**

Mailing Address **2270 CANDLESTICK AVE**

City <b>HENDERSON</b>	State <b>NV</b>	Zip Code <b>89052-2359</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B169399**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**DR. RAJ CHANDERRAJ**

Mailing Address **2270 CANDLESTICK AVE**

City <b>HENDERSON</b>	State <b>NV</b>	Zip Code <b>89052-2359</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B169400**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN CHANDLER**

Mailing Address **4901 N MESA ST**  
**APT 3206**

City <b>EL PASO</b>	State <b>TX</b>	Zip Code <b>79912-5935</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TENET HEALTHCARE**

Occupation  
**LEADERSHIP DEVELOPMENT ASSOCIATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175250**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 430 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.156551**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.163270**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.163271**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

150.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 431 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.163272**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.164512**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.164513**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.164514**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.165853**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.165855**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

150.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.171002**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.171003**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.171116**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.171117**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.171522**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.171526**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

225.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.171527**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.171528**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SUBHASH NIRANKARI CHANDER**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.174161**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

75.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHRISTOPHER J. CHANEY**

Mailing Address 1100 TERRACE ST

City

TALLAHASSEE

State

FL

Zip Code

32303-6459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE ADVOCACY GROUP AT CARDENAS PAF

Occupation

CONSULTANT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158520**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. MICHAEL J. CHANEY**

Mailing Address 115 HENRY RD

City

VICKSBURG

State

MS

Zip Code

39183-9567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174770**

Date of Receipt

MM / DD / YYYY  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW CHANG**

Mailing Address 220 20TH ST S  
APT 1804

City

ARLINGTON

State

VA

Zip Code

22202-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EASTERN FOUNDRY

Occupation

CSO

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1295.00

**Transaction ID : SA17.158901**

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)** .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 437 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREW CHANG**

Mailing Address 220 20TH ST S  
APT 1804

City ARLINGTON State VA Zip Code 22202-3637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EASTERN FOUNDRY

Occupation  
CSO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1295.00

**Transaction ID : SA17.162043**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW CHANG**

Mailing Address 220 20TH ST S  
APT 1804

City ARLINGTON State VA Zip Code 22202-3637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EASTERN FOUNDRY

Occupation  
CSO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1295.00

**Transaction ID : SA17.168144**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW CHANG**

Mailing Address 220 20TH ST S  
APT 1804

City ARLINGTON State VA Zip Code 22202-3637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EASTERN FOUNDRY

Occupation  
CSO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1295.00

**Transaction ID : SA17.175399**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALBERT Y. CHAO**

Mailing Address 3970 INVERNESS DR

City

HOUSTON

State

TX

Zip Code

77019-1004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WESTLAKE CHEMICAL CORPORATION

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161711**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH C. CHAPELLE**

Mailing Address 355 E OHIO ST  
STE 306

City

INDIANAPOLIS

State

IN

Zip Code

46204-2176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARNES & THORNBURG

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159224**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT D. CHAPIN**

Mailing Address 8 SANDPIPER DR

City

BOYNTON BEACH

State

FL

Zip Code

33436-5621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CHAPIN, BALLERANO & CHESLACK

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.160632**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BENJAMIN G. CHAPMAN**

Mailing Address 20 LAKECREST LN

City	State	Zip Code
GROSSE POINTE FARMS	MI	48236-3714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.162105**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. BENJAMIN G. CHAPMAN**

Mailing Address 20 LAKECREST LN

City	State	Zip Code
GROSSE POINTE FARMS	MI	48236-3714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.171832**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JACK T. CHAPMAN**

Mailing Address 221 N KANSAS ST  
STE 1700

City	State	Zip Code
EL PASO	TX	79901-1401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177898**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

650.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY A. CHAPMAN**

Mailing Address 4851 HARRYS LN

City	State	Zip Code
DALLAS	TX	75229-5466

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GIBSON DUNN & CRUTCHER

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.166110**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY A. CHAPMAN**

Mailing Address 4851 HARRYS LN

City	State	Zip Code
DALLAS	TX	75229-5466

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GIBSON DUNN & CRUTCHER

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.166504**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT CHAPMAN**

Mailing Address 4657 FAIRFAX AVE

City	State	Zip Code
DALLAS	TX	75209-6011

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DELOITTE LLP

Occupation  
ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.167511**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN CHAPOTON**

Mailing Address 1421 NANTUCKET DR

City

HOUSTON

State

TX

Zip Code

77057-1973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHAPOTON, SANDERS, SCARBOROUGH LLP

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.161070**

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

19

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN CHAPOTON**

Mailing Address 1421 NANTUCKET DR

City

HOUSTON

State

TX

Zip Code

77057-1973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHAPOTON, SANDERS, SCARBOROUGH LLP

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.164130**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

28

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILLIP CHASE**

Mailing Address 5274 LONG SHADOW COURT

City

WESTLAKE VILLAGE

State

CA

Zip Code

91362-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE CHASE GROUP

Occupation

OWNER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170933**

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2015

24

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH CHASTAIN**

Mailing Address PO BOX 1908

City

ATHENS

State

GA

Zip Code

30603-1908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.173625**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2300.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICKY H. CHASTAIN**

Mailing Address PO BOX 1908

City

ATHENS

State

GA

Zip Code

30603-1908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHASTAIN ASSOCIATES

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173626**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRIAN CHATWIN**

Mailing Address 6608 INDEPENDENCE AVE

City

SPRINGFIELD

State

VA

Zip Code

22151-3844

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US HOUSE OF REPRESENTATIVES

Occupation  
CONGRESSIONAL STAFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158025**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHRIS CHEATWOOD**

Mailing Address 5205 N O CONNOR BLVD

City	State	Zip Code
IRVING	TX	75039-3712

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PIONEER NATURAL RESOURCES**

Occupation  
**E.V.P. BUSINESS DEVELOPMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160713**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES S. CHEN**

Mailing Address 550 N ATLANTIC BLVD  
UNIT 553

City	State	Zip Code
MONTEREY PARK	CA	91754-7758

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TAZZINO INC.**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163042**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CRAIG A. CHERAMIE**

Mailing Address 521 MELODY DR

City	State	Zip Code
METAIRIE	LA	70001-2115

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CPA/FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171689**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT CHESSE**

Mailing Address **636 BREWER DR**

City

**HILLSBOROUGH**

State

**CA**

Zip Code

**94010-6637**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEUTROGENA THERAPEUTIC**

Occupation

**BIOTECH**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158908**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ANGELA M. CHIAPELAS**

Mailing Address **418 MONACO DR**

City

**SAINT LOUIS**

State

**MO**

Zip Code

**63122-1436**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.162081**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANGELA M. CHIAPELAS**

Mailing Address **418 MONACO DR**

City

**SAINT LOUIS**

State

**MO**

Zip Code

**63122-1436**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.162980**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILLIP CHICOLA**

Mailing Address **8969 WINGED FOOT DR**

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32312-4041</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.161919**

Date of Receipt

M M / D D / Y Y Y Y
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILLIP CHICOLA**

Mailing Address **8969 WINGED FOOT DR**

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32312-4041</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.176729**

Date of Receipt

M M / D D / Y Y Y Y
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY CHILD**

Mailing Address **1525 LAUREL AVE SE**

City <b>GRAND RAPIDS</b>	State <b>MI</b>	Zip Code <b>49506-4124</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.160339**

Date of Receipt

M M / D D / Y Y Y Y
10 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY CHILD**

Mailing Address 1525 LAUREL AVE SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-4124

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.163874**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY CHILD**

Mailing Address 1525 LAUREL AVE SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-4124

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.168950**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY CHILD**

Mailing Address 1525 LAUREL AVE SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-4124

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.171561**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY CHILD**

Mailing Address 1525 LAUREL AVE SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-4124

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.178720**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BALARAJU CHINTHALA**

Mailing Address 3557 CORSHAM CIR

City	State	Zip Code
CARMEL	IN	46032-8211

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CHINTHALA & ASSOCIATES**

Occupation  
**SPEECH LANGUAGE PATHOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1051.00

**Transaction ID : SA17.159245**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN F. CHISTIE**

Mailing Address 4196 FOX TRCE

City	State	Zip Code
BOYNTON BEACH	FL	33436-3315

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172994**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRUCE A. CHOATE**

Mailing Address 2924 CLIFF DR

City	State	Zip Code
NEWPORT BEACH	CA	92663-4016

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WATSON LAND COMPANY

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173037**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ERIC CHOI**

Mailing Address 2805 TENNYSON PL

City	State	Zip Code
HERMOSA BEACH	CA	90254-2259

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.181633**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. ASIT J. CHOKSI**

Mailing Address 46 S WINDSAIL PL

City	State	Zip Code
THE WOODLANDS	TX	77381-3330

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GHPMA & APOLLO HOSPITAL SYSTEM

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.151040**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. ASIT J. CHOKSI**

Mailing Address 46 S WINDSAIL PL

City	State	Zip Code
THE WOODLANDS	TX	77381-3330

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GHPMA & APOLLO HOSPITAL SYSTEM

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.151040B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**DR. ASIT J. CHOKSI**

Mailing Address 46 S WINDSAIL PL

City	State	Zip Code
THE WOODLANDS	TX	77381-3330

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GHPMA & APOLLO HOSPITAL SYSTEM

Occupation  
CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170897**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**EDMUND CHOO**

Mailing Address 35 MERCER ST  
APT 3E

City	State	Zip Code
NEW YORK	NY	10013-5808

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
THIRD POINT

Occupation  
TRADER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157072**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN M. CHORKAWY**

Mailing Address 1371 RUSSELL AVE

City	State	Zip Code
LINCOLN PARK	MI	48146-1626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.171828**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

CONTRIBUTION

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. PAUL T. CHOSID**

Mailing Address 4410 STRATHDALE LN

City	State	Zip Code
WEST BLOOMFIELD	MI	48323-2851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162156**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. MOHAMMAD AFZAL CHOUDHRY**

Mailing Address 13161 LAKE BUTLER BLVD

City	State	Zip Code
WINDERMERE	FL	34786-7408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166095**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5600.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ATHINA CHRIST**

Mailing Address 7020 LAKE EDGE DRIVE

City	State	Zip Code
DALLAS	TX	75230-2367

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169434**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CLAYTON M. CHRISTENSEN**

Mailing Address 114 FLETCHER RD

City	State	Zip Code
BELMONT	MA	02478-2018

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HARVARD BUSINESS SCHOOL

Occupation  
PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158378**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. DOREEN CHRISTY**

Mailing Address 31154 WESTWOOD RD

City	State	Zip Code
FARMINGTON HILLS	MI	48331-1470

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161780**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. DORIS K. CHRISTOPHER**

Mailing Address 526 E 1ST ST

City	State	Zip Code
HINSDALE	IL	60521-4767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PAMPERED CHEF**

Occupation  
**FOUNDER/CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158232**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE CHRIST**

Mailing Address 7020 LAKE EDGE DRIVE

City	State	Zip Code
DALLAS	TX	75230-2367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169443**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. R. LINDY CHRISINGER**

Mailing Address PO BOX 12

City	State	Zip Code
WINFIELD	IA	52659-0012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.161540**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1300.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. R. LINDY CHRISINGER**

Mailing Address **PO BOX 12**

City

**WINFIELD**

State

**IA**

Zip Code

**52659-0012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.165546**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. R. LINDY CHRISINGER**

Mailing Address **PO BOX 12**

City

**WINFIELD**

State

**IA**

Zip Code

**52659-0012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.165547**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. R. LINDY CHRISINGER**

Mailing Address **PO BOX 12**

City

**WINFIELD**

State

**IA**

Zip Code

**52659-0012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.165548**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. R. LINDY CHRISINGER**

Mailing Address **PO BOX 12**

City

**WINFIELD**

State

**IA**

Zip Code

**52659-0012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.171854**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. R. LINDY CHRISINGER**

Mailing Address **PO BOX 12**

City

**WINFIELD**

State

**IA**

Zip Code

**52659-0012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.175798**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RONALD CHRISTALDI**

Mailing Address **3321 W CARRINGTON ST**

City

**TAMPA**

State

**FL**

Zip Code

**33611-2729**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SHUMAKER, LOOP AND KENDRICK**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.158563**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**650.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TERRY G. CHRISTENBERRY**

Mailing Address 835 W 54TH TER

City	State	Zip Code
KANSAS CITY	MO	64112-2335

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CC CAPITAL ADVISORS

Occupation  
INVESTMENT BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.175906**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**TONY CHRISTIANSON**

Mailing Address 902 E SHADY LN

City	State	Zip Code
WAYZATA	MN	55391-1830

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CHERRY TREE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173184**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD CHRZASZ**

Mailing Address 16804 RIVERSIDE ST

City	State	Zip Code
LIVONIA	MI	48154-2408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
W.J. O'NEIL COMPANY

Occupation  
V.P. OF SERVICE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159350**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3000.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DONG CHUNG**

Mailing Address **9725 FACTORIAL WAY**

City	State	Zip Code
<b>SOUTH EL MONTE</b>	<b>CA</b>	<b>91733-1724</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HONG KONG REALTY MANAGEMENT**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.176021**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JULIAN CHUNG**

Mailing Address **42 E 12TH ST**  
**APT 4**

City	State	Zip Code
<b>NEW YORK</b>	<b>NY</b>	<b>10003-4649</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FRIED, FRANK, HARRIS, SHRIVER**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.155284**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DALE CHYNEWECH**

Mailing Address **7120 NW 67TH WAY**

City	State	Zip Code
<b>PARKLAND</b>	<b>FL</b>	<b>33067-4735</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KEENAN DEVELOPMENT**

Occupation  
**CFP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172949**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RONALD CIARAVELLA**

Mailing Address 3535 BAYOU LOUISE LN

City  
SARASOTA

State Zip Code  
FL 34242-1101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOLPHIN AVIATION

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.173056**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RONALD CIARAVELLA**

Mailing Address 3535 BAYOU LOUISE LN

City  
SARASOTA

State Zip Code  
FL 34242-1101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOLPHIN AVIATION

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.173057**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RONALD CIARAVELLA**

Mailing Address 3535 BAYOU LOUISE LN

City  
SARASOTA

State Zip Code  
FL 34242-1101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOLPHIN AVIATION

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.173057B**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RONALD CIARAVELLA**

Mailing Address 3535 BAYOU LOUISE LN

City	State	Zip Code
SARASOTA	FL	34242-1101

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DOLPHIN AVIATION

Occupation  
CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174926**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**CONCETTA CIBRONE**

Mailing Address 117 BRANDYWINE DR

City	State	Zip Code
MCMURRAY	PA	15317-3655

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MCKINSEY & COMPANY

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159516**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GUILHERME CIPRIANI**

Mailing Address 855 TIMBER LN

City	State	Zip Code
BOULDER	CO	80304-0487

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160156**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LOUIS CISCO**

Mailing Address **6291 N CALLE DEL VENADO**

City	State	Zip Code
TUCSON	AZ	85718-3342

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TUTTLE-CLICK AUTO**

Occupation  
**P&S DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.179825**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SIDNEY R. CLACK**

Mailing Address **13838 S VICK RD**

City	State	Zip Code
MOLALLA	OR	97038-7515

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.181566**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALMOND ADOLPH CLARK**

Mailing Address **2452 W INTERSTATE 20**

City	State	Zip Code
ARLINGTON	TX	76017-1670

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.181776**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2825.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHRISTOPHER CLARK**

Mailing Address 1335 TERRACE ST

City

TALLAHASSEE

State

FL

Zip Code

32303-6429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FLORIDA MEDICAL ASSOCIATION

Occupation

GOVERNMENTAL AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.175142**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELLOINE M. CLARK**

Mailing Address 3716 MAPLEWOOD AVE

City

DALLAS

State

TX

Zip Code

75205-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

COMMUNITY VOLUNTEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166586**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

3700.00

☐ Memo Item

REFUNDED \$1,000.00 ON 12/09/2015

**C. Full Name (Last, First, Middle Initial)**

**MR. JERI CLARK**

Mailing Address PO BOX 938

City

MCALLEN

State

TX

Zip Code

78505-0938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ARTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177899**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JIM CLARK**

Mailing Address 1489 CHARMONT PL

City	State	Zip Code
FORT MYERS	FL	33919-6917

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170960**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOYCE CLARK**

Mailing Address 1489 CHARMONT PL

City	State	Zip Code
FORT MYERS	FL	33919-6917

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOFFMAN PARTNERS

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170961**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY CLARK**

Mailing Address 15 WERIMUS BROOK RD

City	State	Zip Code
SADDLE RIVER	NJ	07458-3118

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173193**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHERRY CLARKE**

Mailing Address 146 WILDWOOD TRL

City	State	Zip Code
FLORENCE	AL	35630-0735

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.181484**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN ANTHONY CLARY UMBERGER**

Mailing Address 3612 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20007-1449

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
S.P.A. UMBERG

Occupation  
THERAPEUTIC CHANCELLOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.163247**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN ANTHONY CLARY UMBERGER**

Mailing Address 3612 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20007-1449

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
S.P.A. UMBERG

Occupation  
THERAPEUTIC CHANCELLOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.163248**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN ANTHONY CLARY UMBERGER**

Mailing Address 3612 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20007-1449

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
S.P.A. UMBERG

Occupation  
THERAPEUTIC CHANCELLOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173601**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOMMY CLATK**

Mailing Address 51 STAR IRIS PL

City	State	Zip Code
THE WOODLANDS	TX	77375-4999

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BHP BILLITON

Occupation  
CORPORATE AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162248**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER V. CLAUSSEN**

Mailing Address 2413 ALCOA HWY

City	State	Zip Code
KNOXVILLE	TN	37920-2973

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RAPILM ASSOC. OF OAK RIDGE

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158582**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM J. CLAUS**

Mailing Address 123 N LYNBROOK RD

City	State	Zip Code
BEL AIR	MD	21014-5450

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.163186**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM J. CLAUS**

Mailing Address 123 N LYNBROOK RD

City	State	Zip Code
BEL AIR	MD	21014-5450

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.164367**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANTHONY CLAVERO**

Mailing Address 1900 N BAYSHORE DR  
APT 3014

City	State	Zip Code
MIAMI	FL	33132-3015

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ADVANCED AEROSPACE COMPONENTS  
LLC

Occupation  
OWNER/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.167409**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

226.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANTHONY CLAVERO**

Mailing Address 1900 N BAYSHORE DR  
APT 3014

City State Zip Code  
MIAMI FL 33132-3015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
ADVANCED AEROSPACE COMPONENTS LLC OWNER/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.170717**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HARRISON S. CLAY**

Mailing Address 649 29TH ST

City State Zip Code  
MANHATTAN BCH CA 90266-2232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
CLAY ENERGY RENEWABLES PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159047**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WALTER J. CLAYTON III**

Mailing Address 125 BROAD ST

City State Zip Code  
NEW YORK NY 10004-2400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
SULLIVAN & CROMWELL LLP LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.159853**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KAY CLEM**

Mailing Address 2222 VICTORY BLVD

City

VERO BEACH

State

FL

Zip Code

32960-4156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1072.00

**Transaction ID : SA17.163548**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAY CLEM**

Mailing Address 2222 VICTORY BLVD

City

VERO BEACH

State

FL

Zip Code

32960-4156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1072.00

**Transaction ID : SA17.163553**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KAY CLEM**

Mailing Address 2222 VICTORY BLVD

City

VERO BEACH

State

FL

Zip Code

32960-4156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1072.00

**Transaction ID : SA17.167395**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KAY CLEM**

Mailing Address 2222 VICTORY BLVD

City

VERO BEACH

State

FL

Zip Code

32960-4156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1072.00

**Transaction ID : SA17.169847**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAY CLEM**

Mailing Address 2222 VICTORY BLVD

City

VERO BEACH

State

FL

Zip Code

32960-4156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1072.00

**Transaction ID : SA17.171933**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KAY CLEM**

Mailing Address 2222 VICTORY BLVD

City

VERO BEACH

State

FL

Zip Code

32960-4156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1072.00

**Transaction ID : SA17.171936**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**REV. CHARLES D. CLEMENTS**

Mailing Address 16987 SW 113TH CT

City	State	Zip Code
MIAMI	FL	33157-3916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171690**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. DOTTIE M. CLENDENIN**

Mailing Address 1271 SPRING LAKE DR

City	State	Zip Code
ORLANDO	FL	32804-7126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WALT DISNEY WORLD

Occupation  
PROJECT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1010.00

**Transaction ID : SA17.157733**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CAMILLE CLEVELAND**

Mailing Address 139 8TH AVE

City	State	Zip Code
KIRKLAND	WA	98033-5528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A PLACE FOR MOM, INC

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1010.00

**Transaction ID : SA17.161157**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

70.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES CLEVELAND**

Mailing Address 3603 THOMAS AVE

City

MONTGOMERY

State

AL

Zip Code

36111-2013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157681**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLES CLEVELAND**

Mailing Address 3603 THOMAS AVE

City

MONTGOMERY

State

AL

Zip Code

36111-2013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171193**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES CLEVELAND**

Mailing Address 3603 THOMAS AVE

City

MONTGOMERY

State

AL

Zip Code

36111-2013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175472**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES CLEVELAND**

Mailing Address 3603 THOMAS AVE

City

MONTGOMERY

State

AL

Zip Code

36111-2013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175746**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAY W. CLEVELAND JR.**

Mailing Address 1120 FOX CHAPEL RD

City

PITTSBURGH

State

PA

Zip Code

15238-2016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CLEVELAND BROTHERS EQUIPMENT CO.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158242**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN P. CLIFFORD JR.**

Mailing Address 12712 DIAMOND DR

City

BURNSVILLE

State

MN

Zip Code

55337-3480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TRAVELERS

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.167462**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TROY CLOGG**

Mailing Address 9154 HILTON RD

City

**BRIGHTON**

State

**MI**

Zip Code

**48114-8905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TROY CLOGG LANDSCAPE ASSOCIATES**

Occupation

**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168705**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH CLOSE**

Mailing Address 3708 OLIVER ST NW

City

**WASHINGTON**

State

**DC**

Zip Code

**20015-2532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THE QUINCY GROUP**

Occupation

**STRATEGIC ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163526**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOROTHY CLYNE**

Mailing Address 920 POEYFARRE ST  
PH 9

City

**NEW ORLEANS**

State

**LA**

Zip Code

**70130-3890**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**J. P. MORGAN**

Occupation

**PRIVATE BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173170**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHAD BRIAN COAD**

Mailing Address 6637 32ND ST NW

City  
WASHINGTON

State Zip Code  
DC 20015-2309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CACTICA MANAGEMENT, LLC

Occupation  
COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181145**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GLENN R. COATES**

Mailing Address 1775 NEWMAN RD  
APT 117

City  
MOUNT PLEASANT

State Zip Code  
WI 53406-2879

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170880**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRADY COBB**

Mailing Address 1101 SE 6TH ST

City  
FT LAUDERDALE

State Zip Code  
FL 33301-3013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COBB EDDY, PLLC

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157043**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 473 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLYN COBB**

Mailing Address 21811 TICONDEROGA LN

City	State	Zip Code
LAKE FOREST	CA	92630-2313

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

**Transaction ID : SA17.157357**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROLYN COBB**

Mailing Address 21811 TICONDEROGA LN

City	State	Zip Code
LAKE FOREST	CA	92630-2313

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

**Transaction ID : SA17.162656**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAROLYN COBB**

Mailing Address 21811 TICONDEROGA LN

City	State	Zip Code
LAKE FOREST	CA	92630-2313

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

**Transaction ID : SA17.163476**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

61.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLYN COBB**

Mailing Address 21811 TICONDEROGA LN

City

LAKE FOREST

State

CA

Zip Code

92630-2313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

**Transaction ID : SA17.170696**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROLYN COBB**

Mailing Address 21811 TICONDEROGA LN

City

LAKE FOREST

State

CA

Zip Code

92630-2313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

**Transaction ID : SA17.170703**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAROLYN COBB**

Mailing Address 21811 TICONDEROGA LN

City

LAKE FOREST

State

CA

Zip Code

92630-2313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

**Transaction ID : SA17.171459**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

56.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLYN COBB**

Mailing Address 21811 TICONDEROGA LN

City

LAKE FOREST

State

CA

Zip Code

92630-2313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

**Transaction ID : SA17.178452**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROLYN COBB**

Mailing Address 21811 TICONDEROGA LN

City

LAKE FOREST

State

CA

Zip Code

92630-2313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

**Transaction ID : SA17.178453**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAROLYN COBB**

Mailing Address 21811 TICONDEROGA LN

City

LAKE FOREST

State

CA

Zip Code

92630-2313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

**Transaction ID : SA17.178804**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

56.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. LEA BLACK COCKERHAM**

Mailing Address 15 TALL PINE CIR

City	State	Zip Code
AUGUSTA	GA	30909-1850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRYCE COCKERHAM LLC

Occupation  
MISSIONARY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.159732**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. LEA BLACK COCKERHAM**

Mailing Address 15 TALL PINE CIR

City	State	Zip Code
AUGUSTA	GA	30909-1850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRYCE COCKERHAM LLC

Occupation  
MISSIONARY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.175176**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. LEA BLACK COCKERHAM**

Mailing Address 15 TALL PINE CIR

City	State	Zip Code
AUGUSTA	GA	30909-1850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRYCE COCKERHAM LLC

Occupation  
MISSIONARY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.177231**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

51.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NORMAN A. COCKE III**

Mailing Address **416 WAYCLIFFE DR N**

City

**WAYZATA**

State

**MN**

Zip Code

**55391-1398**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.171875**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ELIZABETH M. COE**

Mailing Address **6433 GRANDMARK DR**

City

**NICHOLS HILLS**

State

**OK**

Zip Code

**73116-6535**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.164644**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. PEGGY A. COEN**

Mailing Address **1105 QUINBY AVE**

City

**WOOSTER**

State

**OH**

Zip Code

**44691-2854**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158367**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. PEGGY A. COEN**

Mailing Address 1105 QUINBY AVE

City

WOOSTER

State

OH

Zip Code

44691-2854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171894**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

600.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROY COFFEE**

Mailing Address 3000 BLACKBURN ST

City

DALLAS

State

TX

Zip Code

75204-2200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

COFFEE & ASSOCIATES

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159406**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BARBI COHEN**

Mailing Address 10224 EPPING LN

City

DALLAS

State

TX

Zip Code

75229-6304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INTERNATIONAL CRANIOFACIAL  
INSTITUTE

Occupation

NURSE PRACTITIONER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167509**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER COHEN**

Mailing Address **1160 5TH AVE**  
**APT 504**

City **NEW YORK** State **NY** Zip Code **10029-6937**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.158094**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID COHEN**

Mailing Address **276 POST RD W**

City **WESTPORT** State **CT** Zip Code **06880-4703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IRIDIAN ASSET MANAGEMENT**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157327**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. GLORIA W. COHEN**

Mailing Address **2105 TIMBERCREST DR**

City **SPRINGFIELD** State **IL** Zip Code **62702-6602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171788**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JASON COHEN**

Mailing Address 200 E 82ND ST  
APT 17H

City State Zip Code  
NEW YORK NY 10028-2751

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUCKINGHAM CAPITAL MANAGEMENT

Occupation  
FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158095**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MATTHEW COHEN**

Mailing Address 37 W 21ST ST  
APT 806

City State Zip Code  
NEW YORK NY 10010-8505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THIRD POINT LLC

Occupation  
FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157073**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD D. COHEN**

Mailing Address 115 BROADWAY  
FL 20

City State Zip Code  
NEW YORK NY 10006-1611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAPITAL PROPERTIES

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174952**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD D. COHEN**

Mailing Address **115 BROADWAY**  
**FL 20**

City **NEW YORK** State **NY** Zip Code **10006-1611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAPITAL PROPERTIES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.174952B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD D. COHEN**

Mailing Address **115 BROADWAY**  
**FL 20**

City **NEW YORK** State **NY** Zip Code **10006-1611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAPITAL PROPERTIES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.178125**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MR. ADAM COHN**

Mailing Address **1250 4TH ST**  
**FL 6**

City **SANTA MONICA** State **CA** Zip Code **90401-1418**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KNOWLEDGE UNIVERSE**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159043**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DOMINIC A. COLAIZZO**

Mailing Address **139 PEMBERTON ST**

City

**PHILADELPHIA**

State

**PA**

Zip Code

**19147-3413**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**AON RISK SOLUTIONS**

Occupation

**BROKER/CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166140**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DOMINIC COLANGELO**

Mailing Address **14937 TURKEY FOOT RD**

City

**GAITHERSBURG**

State

**MD**

Zip Code

**20878-3957**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.160322**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOMINIC COLANGELO**

Mailing Address **14937 TURKEY FOOT RD**

City

**GAITHERSBURG**

State

**MD**

Zip Code

**20878-3957**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.163849**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2775.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOMINIC COLANGELO**

Mailing Address **14937 TURKEY FOOT RD**

City <b>GAITHERSBURG</b>	State <b>MD</b>	Zip Code <b>20878-3957</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.171555**

Date of Receipt

M M / D D / Y Y Y Y
11 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DOMINIC COLANGELO**

Mailing Address **14937 TURKEY FOOT RD**

City <b>GAITHERSBURG</b>	State <b>MD</b>	Zip Code <b>20878-3957</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.178832**

Date of Receipt

M M / D D / Y Y Y Y
12 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KATHY H. COLANGELO**

Mailing Address **4695 WATERFORD CT NE**

City <b>SAINT PETERSBURG</b>	State <b>FL</b>	Zip Code <b>33703-4948</b>
---------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.173557**

Date of Receipt

M M / D D / Y Y Y Y
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**750.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREW COLBERG**

Mailing Address 1001 HAXALL PT  
FL 9

City State Zip Code  
RICHMOND VA 23219-3944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARRIS WILLIAMS & CO.

Occupation  
HEALTHCARE INVESTMENT BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.156754**

Date of Receipt

M M / D D / Y Y Y Y  
10 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CASEY COLBURN**

Mailing Address PO BOX 21723

City State Zip Code  
SARASOTA FL 34276-4723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE COLBURN FIRM

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161601**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID W. COLE**

Mailing Address 1242 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004-3621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165425**

Date of Receipt

M M / D D / Y Y Y Y  
11 03 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID W. COLE**

Mailing Address 1242 108TH AVE NE

City	State	Zip Code
BELLEVUE	WA	98004-3621

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165425B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**NANCY COLE**

Mailing Address 1242 108TH AVE NE

City	State	Zip Code
BELLEVUE	WA	98004-3621

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.166116**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. GREGORY A. COLE**

Mailing Address PO BOX 971

City	State	Zip Code
TYLER	TX	75710-0971

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161509**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES COLE**

Mailing Address 8318 GROSVENOR CT

City	State	Zip Code
UNIVERSITY PARK	FL	34201-2285

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPRAY MANAGEMENT**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.165955A**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES COLE**

Mailing Address 8318 GROSVENOR CT

City	State	Zip Code
UNIVERSITY PARK	FL	34201-2285

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPRAY MANAGEMENT**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.165955B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**JAMES COLE**

Mailing Address 8318 GROSVENOR CT

City	State	Zip Code
UNIVERSITY PARK	FL	34201-2285

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPRAY MANAGEMENT**

Occupation  
**PARTNER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.174337**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. JAMES R. COLE**

Mailing Address **340 DEMOTT AVE**

City

**TEANECK**

State

**NJ**

Zip Code

**07666-3128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.170848**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JANICE COLE**

Mailing Address **1215 HEMINGWAY RD**

City

**LAKE ORION**

State

**MI**

Zip Code

**48360-1231**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LAKE ORION WINDOW TREATMENTS**

Occupation

**OFFICE MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161559**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TERRY COLE**

Mailing Address **4572 GROVE PARK DR**

City

**TALLAHASSEE**

State

**FL**

Zip Code

**32311-3737**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**GUNSTER LAW FIRM**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158613**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS COLEMAN**

Mailing Address 140 S BROWN RD

City	State	Zip Code
LONG LAKE	MN	55356-9134

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172372**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NEIL COLEMAN**

Mailing Address 8290 WILSON RD

City	State	Zip Code
THREE OAKS	MI	49128-9120

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155476**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS B. COLEMAN**

Mailing Address 321 SAINT CHARLES AVE

City	State	Zip Code
NEW ORLEANS	LA	70130-3145

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COLEMAN, JOHNSON, ARTIGUES

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.173751**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS B. COLEMAN**

Mailing Address 321 SAINT CHARLES AVE

City	State	Zip Code
NEW ORLEANS	LA	70130-3145

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COLEMAN, JOHNSON, ARTIGUES

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.174775**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**MR. VICTOR COLEMAN**

Mailing Address 11601 WILSHIRE BLVD  
FL 6

City	State	Zip Code
LOS ANGELES	CA	90025-0509

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HUDSON PACIFIC PROPERTIES

Occupation  
REIT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161493**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CATHERINE C. COLGAN**

Mailing Address 1500 ASHLEY DR

City	State	Zip Code
VIRGINIA BEACH	VA	23454-1611

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.160525**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANN COLLEY**

Mailing Address **40 E 94TH ST**  
**APT 27F**

City **NEW YORK** State **NY** Zip Code **10128-0740**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE MOORE CHARITABLE FOUNDATION**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161009**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JILL COLLINS**

Mailing Address **12510 MANDERLEY WAY**

City **OAK HILL** State **VA** Zip Code **20171-1828**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PR CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170329**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**REBECCA COLLINS**

Mailing Address **6 KNIGHTWOOD CT**

City **DALLAS** State **TX** Zip Code **75225-2065**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.177012**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD H. COLLINS**

Mailing Address 8150 N CENTRAL EXPY  
STE 2000

City DALLAS State TX Zip Code 75206-1872

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R. COLLINS ENTERPRISES, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173008**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIMOTHY COLLINS**

Mailing Address 958 PLEASANT ST

City BIRMINGHAM State MI Zip Code 48009-2948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COMCAST

Occupation  
SR. VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.165724**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CHANTA G. COMBS**

Mailing Address 4229 SUMMERTREE DR

City TALLAHASSEE State FL Zip Code 32311-3331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNITEDHEALTH GROUP

Occupation  
POLICY ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2767.50

**Transaction ID : SA17.167701**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

67.50

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4267.50

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CHANTA G. COMBS**

Mailing Address 4229 SUMMERTREE DR

City	State	Zip Code
TALLAHASSEE	FL	32311-3331

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNITEDHEALTH GROUP**

Occupation  
**POLICY ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2767.50

**Transaction ID : SA17.167701B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-67.50

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MRS. CHANTA G. COMBS**

Mailing Address 4229 SUMMERTREE DR

City	State	Zip Code
TALLAHASSEE	FL	32311-3331

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNITEDHEALTH GROUP**

Occupation  
**POLICY ADVISOR**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2767.50

**Transaction ID : SA17.170488**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

67.50

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM LEE COMBS**

Mailing Address 15432 HIGHWAY W

City	State	Zip Code
GRANT CITY	MO	64456-8176

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175394**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. C. J. COMU**

Mailing Address **14873 OAKS NORTH PLACE**

City	State	Zip Code
DALLAS	TX	75254-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**REGUS ADVISORS, INC.**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169520**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. PHYLLIS COMU**

Mailing Address **14873 OAKS NORTH PLACE**

City	State	Zip Code
DALLAS	TX	75254-7634

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KARMA FOR PETS**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169492**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER CONDELUCI**

Mailing Address **1001 4TH ST SE**

City	State	Zip Code
WASHINGTON	DC	20003-3484

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CC LAW & POLICY PLLC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173294**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HERBERT D. CONDIE III**

Mailing Address **545 COCONUT PALM RD**

City <b>VERO BEACH</b>	State <b>FL</b>	Zip Code <b>32963-3712</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**COMMUNITY VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.150457**

Date of Receipt

**09 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HERBERT D. CONDIE III**

Mailing Address **545 COCONUT PALM RD**

City <b>VERO BEACH</b>	State <b>FL</b>	Zip Code <b>32963-3712</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**COMMUNITY VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.150457B**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. HERBERT D. CONDIE III**

Mailing Address **545 COCONUT PALM RD**

City <b>VERO BEACH</b>	State <b>FL</b>	Zip Code <b>32963-3712</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**COMMUNITY VOLUNTEER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.170899**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

**0.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MIKE CONDON**

Mailing Address 3024 FONDREN DR

City	State	Zip Code
DALLAS	TX	75205-1916

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SMU**

Occupation  
**CHIEF INVESTMENT OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166288**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAULA CONGER**

Mailing Address 3671 WYNTERSET DR

City	State	Zip Code
SNELLVILLE	GA	30039-8632

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161422**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAULA CONGER**

Mailing Address 3671 WYNTERSET DR

City	State	Zip Code
SNELLVILLE	GA	30039-8632

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163737**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAULA CONGER**

Mailing Address 3671 WYNTERSET DR

City

SNELLVILLE

State

GA

Zip Code

30039-8632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165544**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAULA CONGER**

Mailing Address 3671 WYNTERSET DR

City

SNELLVILLE

State

GA

Zip Code

30039-8632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172603**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAULA CONGER**

Mailing Address 3671 WYNTERSET DR

City

SNELLVILLE

State

GA

Zip Code

30039-8632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177620**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAULA CONGER**

Mailing Address 3671 WYNTERSET DR

City	State	Zip Code
SNELLVILLE	GA	30039-8632

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179832**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN CONHEENEY**

Mailing Address 15 WERIMUS BROOK RD

City	State	Zip Code
SADDLE RIVER	NJ	07458-3118

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173192**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM CONNALLY**

Mailing Address 1700 OLD MONTICELLO RD

City	State	Zip Code
THOMASVILLE	GA	31792-6715

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GLEN ARVEN COUNTRY CLUB

Occupation  
GOLF PROFESSIONAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.155274**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LISA CONNER**

Mailing Address PO BOX 13643

City

TALLAHASSEE

State

FL

Zip Code

32317-3643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.163554**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LISA CONNER**

Mailing Address PO BOX 13643

City

TALLAHASSEE

State

FL

Zip Code

32317-3643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.171477**

Date of Receipt

MM / DD / YYYY  
11 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LISA CONNER**

Mailing Address PO BOX 13643

City

TALLAHASSEE

State

FL

Zip Code

32317-3643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.178809**

Date of Receipt

MM / DD / YYYY  
12 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VAL C. CONNELL**

Mailing Address 2303 AVALON PL

City	State	Zip Code
HOUSTON	TX	77019-

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159018**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROLYN CONNORS**

Mailing Address 9080 BARKSTON WAY

City	State	Zip Code
ALPHARETTA	GA	30022-6249

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164508**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM CONNORS**

Mailing Address 9080 BARKSTON WAY

City	State	Zip Code
ALPHARETTA	GA	30022-6249

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

COMCAST

PRESIDENT DIVISION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164509**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 500 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PATRICK CONROY**

Mailing Address 2555 S TELEGRAPH RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RENSKE CORPORATION**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162126**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MRS. DEBRA F. CONROY**

Mailing Address 2555 S TELEGRAPH RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162127**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. PATRICK CONROY**

Mailing Address 2555 S TELEGRAPH RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RENSKE CORPORATION**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162126B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ELIZABETH CONTI**

Mailing Address 164 FERNE CT

City

PALO ALTO

State

CA

Zip Code

94306-4607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179833**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWARD B. CONWAY**

Mailing Address 6 CROSS RD

City

DARIEN

State

CT

Zip Code

06820-6102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARCLAYS

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170053**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LORI B. CONWAY**

Mailing Address 401 S OLD WOODWARD AVE  
STE 340

City

BIRMINGHAM

State

MI

Zip Code

48009-6621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161351**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LORI B. CONWAY**

Mailing Address 401 S OLD WOODWARD AVE  
STE 340

City BIRMINGHAM State MI Zip Code 48009-6621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161514**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW J. CONWAY**

Mailing Address 32845 WHATLEY RD

City FRANKLIN State MI Zip Code 48025-1140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WYNNCHURCH CAPITAL LTD.

Occupation  
FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161348**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIMOTHY CONWAY**

Mailing Address 9 OLD KINGS HIGHWAY

City DARIEN State CT Zip Code 02493-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEWSIER FINANCIAL

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173140**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6750.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. VAN E. CONWAY**

Mailing Address **401 S OLD WOODWARD AVE**  
**STE 340**

City **BIRMINGHAM** State **MI** Zip Code **48009-6621**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CONWAY MACKENZIE, INC.**

Occupation  
**CEO/PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161373**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. VAN E. CONWAY**

Mailing Address **401 S OLD WOODWARD AVE**  
**STE 340**

City **BIRMINGHAM** State **MI** Zip Code **48009-6621**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CONWAY MACKENZIE, INC.**

Occupation  
**CEO/PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161527**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL O. CONWILL IV**

Mailing Address **70 AUDUBON BLVD**

City **NEW ORLEANS** State **LA** Zip Code **70118-5540**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174774**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**APRIL COOK**

Mailing Address 9760 SOMERSET BLVD

City

BELLFLOWER

State

CA

Zip Code

90706-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE OF CALIFORNIA

Occupation

IHSS WORKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.164438**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**APRIL COOK**

Mailing Address 9760 SOMERSET BLVD

City

BELLFLOWER

State

CA

Zip Code

90706-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE OF CALIFORNIA

Occupation

IHSS WORKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.171909**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**APRIL COOK**

Mailing Address 9760 SOMERSET BLVD

City

BELLFLOWER

State

CA

Zip Code

90706-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE OF CALIFORNIA

Occupation

IHSS WORKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.173127**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**APRIL COOK**

Mailing Address 9760 SOMERSET BLVD

City

BELLFLOWER

State

CA

Zip Code

90706-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE OF CALIFORNIA

Occupation

IHSS WORKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.176677**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

16

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**APRIL COOK**

Mailing Address 9760 SOMERSET BLVD

City

BELLFLOWER

State

CA

Zip Code

90706-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE OF CALIFORNIA

Occupation

IHSS WORKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.179252**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 28 / 2015

28

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**APRIL COOK**

Mailing Address 9760 SOMERSET BLVD

City

BELLFLOWER

State

CA

Zip Code

90706-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE OF CALIFORNIA

Occupation

IHSS WORKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.180678**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

31

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRIAN CHARLES COOK**

Mailing Address 10703 E ROCKY CREEK RD

City	State	Zip Code
CROWLEY	TX	76036-2051

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SOFTWARE DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169791**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EVERETT R. COOK**

Mailing Address 775 PARK AVE  
# 5D

City	State	Zip Code
NEW YORK	NY	10021-4253

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**POSSCHINE COOK CAPITAL MANAGEMENT**

Occupation  
**INVESTMENT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170635**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN COOK**

Mailing Address 11 WING BLVD

City	State	Zip Code
E. SANDWICH	MA	02472-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UBS**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171013**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LODWRICK M. COOK**

Mailing Address 13849 WEDDINGTON ST

City	State	Zip Code
SHERMAN OAKS	CA	91401-5827

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178985**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. MORLEY H. COOK**

Mailing Address 2619 VETERAN HTS

City	State	Zip Code
COLORADO SPRINGS	CO	80904-5115

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.165645**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. EMILY FORD COOKSEY**

Mailing Address 902 EMERALD DR

City	State	Zip Code
ALEXANDRIA	VA	22308-2624

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170415**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. EMILY FORD COOKSEY**

Mailing Address 902 EMERALD DR

City	State	Zip Code
ALEXANDRIA	VA	22308-2624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178309**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**TOM COOKSTON**

Mailing Address 595 ELDER ST

City	State	Zip Code
VACAVILLE	CA	95688-2555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOMSPOLS

Occupation  
POOLS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.167255**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**TOM COOKSTON**

Mailing Address 595 ELDER ST

City	State	Zip Code
VACAVILLE	CA	95688-2555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOMSPOLS

Occupation  
POOLS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171207**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

200.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TOM COOKSTON**

Mailing Address 595 ELDER ST

City  
VACAVILLE

State Zip Code  
CA 95688-2555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOMSPOLS

Occupation  
POOLS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172056**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOM COOKSTON**

Mailing Address 595 ELDER ST

City  
VACAVILLE

State Zip Code  
CA 95688-2555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOMSPOLS

Occupation  
POOLS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177557**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TOM COOKSTON**

Mailing Address 595 ELDER ST

City  
VACAVILLE

State Zip Code  
CA 95688-2555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOMSPOLS

Occupation  
POOLS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179486**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ARIE J. COOPER**

Mailing Address 6140 SHADY GROVE LN

City	State	Zip Code
MEMPHIS	TN	38120-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171892**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BOB COOPER**

Mailing Address 788 RANCH RD

City	State	Zip Code
VINE GROVE	KY	40175-1040

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163347**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAMERON COOPER**

Mailing Address 3433 DORCHESTER CT

City	State	Zip Code
TALLAHASSEE	FL	32312-1300

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DUKE ENERGY

Occupation  
DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157046**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MRS. CORNELIA DOZIER COOPER**

Mailing Address 501 N MAIN ST

City	State	Zip Code
SOMERSET	KY	42501-1433

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ARTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172391**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**MR. JOHN J. COOPER**

Mailing Address 329 BAYTREE LN

City	State	Zip Code
RALEIGH	NC	27615-1608

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CAPITAL CITY STRATEGIES

Occupation  
CONSULTANT/LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167991**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**DR. KENNETH H. COOPER**

Mailing Address 6564 VALLEYBROOK DR.

City	State	Zip Code
DALLAS	TX	75254-8645

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COOPER CLINIC

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169424**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KRISTA COOPER**

Mailing Address 28 AUDUBON PL

City

NEW ORLEANS

State

LA

Zip Code

70118-5526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176860**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ANN E. COOVER**

Mailing Address 921 N CHAPARRAL ST  
STE 102

City

CORPUS CHRISTI

State

TX

Zip Code

78401-2008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158220**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID M. COOVER JR.**

Mailing Address 921 N CHAPARRAL ST  
STE 102

City

CORPUS CHRISTI

State

TX

Zip Code

78401-2008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158222**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GARRETT COPELAND JR.**

Mailing Address **242 S WASHINGTON BLVD**

City <b>SARASOTA</b>	State <b>FL</b>	Zip Code <b>34236-6943</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SUET**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173244**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ARTHUR COPPOLA**

Mailing Address **401 WILSHIRE BLVD  
STE 700**

City <b>SANTA MONICA</b>	State <b>CA</b>	Zip Code <b>90401-1452</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MACERICH**

Occupation  
**CHAIRMAN & CFP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163217**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDUARDO CORA**

Mailing Address **8724 SW 72ND ST**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33173-3512</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LANDPRO SOLUTIONS LLC**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.159322**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5550.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EDUARDO CORA**

Mailing Address **8724 SW 72ND ST**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33173-3512**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LANDPRO SOLUTIONS LLC**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.160183**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**EDUARDO CORA**

Mailing Address **8724 SW 72ND ST**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33173-3512**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LANDPRO SOLUTIONS LLC**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.165094**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDUARDO CORA**

Mailing Address **8724 SW 72ND ST**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33173-3512**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LANDPRO SOLUTIONS LLC**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.180798**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**125.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BARCLAY F. CORBUS**

Mailing Address **543 PRESIDIO BLVD**

City	State	Zip Code
<b>SAN FRANCISCO</b>	<b>CA</b>	<b>94129-1129</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CLEAN ENERGY FUELS**

Occupation  
**BUSINESSMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162934**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN CORCORAN**

Mailing Address **535 SMITH RIDGE RD**

City	State	Zip Code
<b>NEW CANAAN</b>	<b>CT</b>	<b>06840-3222</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WILLIAMS TRADING, LLC**

Occupation  
**SALES TRADER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158040**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN J. CORCORAN**

Mailing Address **5555 VIA CAMPO ST**

City	State	Zip Code
<b>LOS ANGELES</b>	<b>CA</b>	<b>90022-2303</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MANHOLE ADJUSTING, INC.**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2350.00**

**Transaction ID : SA17.162912**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WANDA CORCORAN**

Mailing Address 535 SMITH RIDGE RD

City

NEW CANAAN

State

CT

Zip Code

06840-3222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW CANAAN BOARD OF EDUCATION

Occupation

SUBSTITUTE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158041**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALBERTO CORDOVES**

Mailing Address 5505 ARBOR LN

City

CORAL GABLES

State

FL

Zip Code

33156-3434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CORWILL ARCHITECTS

Occupation

ARCHITECT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161281**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. DAVID R. CORDRY**

Mailing Address 3814 BLUE CEDAR LN

City

COLUMBIA

State

MO

Zip Code

65203-6610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

OPTOMETRIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.158955**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. DAVID R. CORDRY**

Mailing Address 3814 BLUE CEDAR LN

City

COLUMBIA

State

MO

Zip Code

65203-6610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

OPTOMETRIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.169948**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. DAVID R. CORDRY**

Mailing Address 3814 BLUE CEDAR LN

City

COLUMBIA

State

MO

Zip Code

65203-6610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

OPTOMETRIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175949**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. DAVID R. CORDRY**

Mailing Address 3814 BLUE CEDAR LN

City

COLUMBIA

State

MO

Zip Code

65203-6610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

OPTOMETRIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177545**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. DAVID R. CORDRY**

Mailing Address 3814 BLUE CEDAR LN

City	State	Zip Code
COLUMBIA	MO	65203-6610

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OPTOMETRIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.180736**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ANN CORKERY**

Mailing Address 120 CHILEAN AVE

City	State	Zip Code
PALM BEACH	FL	33480-4437

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STEIN MITCHELL MUSE & CIPPOLONE**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.176007**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NEIL CORKERY**

Mailing Address 120 CHILEAN AVE

City	State	Zip Code
PALM BEACH	FL	33480-4437

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SUDAN RELIEF FUND**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.163555**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NEIL CORKERY**

Mailing Address 120 CHILEAN AVE

City

PALM BEACH

State

FL

Zip Code

33480-4437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUDAN RELIEF FUND

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.176012**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CRAIG M. CORN**

Mailing Address 1455 BROAD ST  
STE 2

City

BLOOMFIELD

State

NJ

Zip Code

07003-3039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

REVERSE MORTGAGE INVESTMENT  
TRUST INC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157633**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WALLACE W. CORNELL**

Mailing Address 708 COUNTY ROUTE 40

City

MASSENA

State

NY

Zip Code

13662-3356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175002**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 520 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CANDY CORR**

Mailing Address **4824 ARAPAHOE AVE**

City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32210-7624</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**TEACHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158252**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALFREDO J. CORREA**

Mailing Address **15020 SW 53RD TER**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33185-4023</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170081**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AMY CORRIGAN**

Mailing Address **3600 S GILPIN ST**

City <b>ENGLEWOOD</b>	State <b>CO</b>	Zip Code <b>80113-4011</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INTERIOR DESIGN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159053**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ANN GOODARD CORRIGAN**

Mailing Address 3809 SHENANDOAH ST

City	State	Zip Code
DALLAS	TX	75205-1701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GODDARD INVESTMENT COMPANY**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164349**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. F. W. CORRIGAN**

Mailing Address PO BOX 5050

City	State	Zip Code
CAREFREE	AZ	85377-5050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164389**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. F. W. CORRIGAN**

Mailing Address PO BOX 5050

City	State	Zip Code
CAREFREE	AZ	85377-5050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164389B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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PAGE 522 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. GLENDA CORRIGAN**

Mailing Address PO BOX 5050

City CAREFREE	State AZ	Zip Code 85377-5050
------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181073**

Date of Receipt

M M / D D / Y Y Y Y
12 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**PETER CORRIGAN**

Mailing Address 3600 S GILPIN ST

City ENGLEWOOD	State CO	Zip Code 80113-4011
-------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GCH INC

Occupation  
BUSINESS DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159054**

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS H. CORSON**

Mailing Address PO BOX 340

City MIDDLEBURY	State IN	Zip Code 46540-0340
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.178951**

Date of Receipt

M M / D D / Y Y Y Y
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RONALD J. CORTES**

Mailing Address 130 MAPLE LN

City	State	Zip Code
MCMURRAY	PA	15317-2648

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MASCARO CONSTRUCTION COMPANY

Occupation  
CIVIL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162087**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. RONALD J. CORTES**

Mailing Address 130 MAPLE LN

City	State	Zip Code
MCMURRAY	PA	15317-2648

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MASCARO CONSTRUCTION COMPANY

Occupation  
CIVIL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162087B**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**WENDY CORTES**

Mailing Address 130 MAPLE LN

City	State	Zip Code
MCMURRAY	PA	15317-2648

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162355**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 524 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT B. COTTINGTON**

Mailing Address 1151 ORCHARD CIR

City	State	Zip Code
MENDOTA HEIGHTS	MN	55118-4146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VOYAGEUR COMPANY

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170648**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN COTTRELL**

Mailing Address 10807 WHARTON WAY

City	State	Zip Code
WEST PALM BEACH	FL	33412-1113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PUBLIC RISK INSURANCE AGENCY

Occupation  
INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174389**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER COUGHLIN**

Mailing Address 4714 29TH ST S

City	State	Zip Code
ARLINGTON	VA	22206-1308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
APLIN PARTNERS, INC.

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177123**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1500.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 525 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID J. COUGHLIN JR.**

Mailing Address 5707 19TH ST W

City	State	Zip Code
BRADENTON	FL	34207-3911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GEOSURN, LLC

Occupation  
LAND SURVEYOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.165788**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JAMES COURTNEY**

Mailing Address 1331 BOOTH AVE

City	State	Zip Code
OWENSBORO	KY	42301-4541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.163816**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JAMES COURTNEY**

Mailing Address 1331 BOOTH AVE

City	State	Zip Code
OWENSBORO	KY	42301-4541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.165867**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2550.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 526 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES COURTNEY**

Mailing Address 1331 BOOTH AVE

City	State	Zip Code
OWENSBORO	KY	42301-4541

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.174174**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES COURTNEY**

Mailing Address 1331 BOOTH AVE

City	State	Zip Code
OWENSBORO	KY	42301-4541

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.177242**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES COURTNEY**

Mailing Address 1331 BOOTH AVE

City	State	Zip Code
OWENSBORO	KY	42301-4541

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.179839**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 527 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. NANCY N. COVERDELL**

Mailing Address PO BOX 31167

City	State	Zip Code
SEA ISLAND	GA	31561-1167

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174755**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. AVIVA COVITZ**

Mailing Address 353 S BEVERLY GLEN BLVD

City	State	Zip Code
LOS ANGELES	CA	90024-2617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175902**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. CARL D. COVITZ**

Mailing Address 353 S BEVERLY GLEN BLVD

City	State	Zip Code
LOS ANGELES	CA	90024-2617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LANDMARK CAPITAL, INC.

Occupation  
PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175903**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6400.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ERIC COWAN**

Mailing Address 2213 KING PLACE NW

City

WASHINGTON

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SQUIRE PATTON BOGGS

Occupation

PARTNER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175094**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LINDA J. COWDEN**

Mailing Address 5 LAKES DR

City

MIDLAND

State

TX

Zip Code

79705-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.169479**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION  
REQUESTED/REFUNDED \$4,600 ON 12/15/2015

**C. Full Name (Last, First, Middle Initial)**

**MS. LINDA J. COWDEN**

Mailing Address 5 LAKES DR

City

MIDLAND

State

TX

Zip Code

79705-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.169479B**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

12700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 529 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. LINDA J. COWDEN**

Mailing Address **5 LAKES DR**

City <b>MIDLAND</b>	State <b>TX</b>	Zip Code <b>79705-1929</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.175663**

Date of Receipt

M M / D D / Y Y Y Y
12 / 15 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**JACKSON COX**

Mailing Address **1105 WOODMONT DR**

City <b>JOHNSON CITY</b>	State <b>TN</b>	Zip Code <b>37601-2641</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WOODMONT INTERNATIONAL**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.173666**

Date of Receipt

M M / D D / Y Y Y Y
12 / 03 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JEANNE COX**

Mailing Address **4300 ARMSTRONG PARKWAY**

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75205-</b>
-----------------------	--------------------	---------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.169713**

Date of Receipt

M M / D D / Y Y Y Y
11 / 18 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**2000.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEANNE COX**

Mailing Address 4300 ARMSTRONG PARKWAY

City	State	Zip Code
DALLAS	TX	75205-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177655**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD H. COX**

Mailing Address 1951 KAKELA DR

City	State	Zip Code
HONOLULU	HI	96822-2156

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.161550**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROL COX WAIT**

Mailing Address 9843 RAMONA ST  
APT 401

City	State	Zip Code
BELLFLOWER	CA	90706-2375

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.145110**

Date of Receipt

**09 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 531 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CAROL COX WAIT**

Mailing Address 9843 RAMONA ST  
APT 401

City State Zip Code  
BELLFLOWER CA 90706-2375

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.145110B**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-50.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MS. CAROL COX WAIT**

Mailing Address 9843 RAMONA ST  
APT 401

City State Zip Code  
BELLFLOWER CA 90706-2375

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
DEVELOPER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.165467**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**COLLEEN CRAHAN**

Mailing Address 5715 ABERDEEN RD

City State Zip Code  
BETHESDA MD 20814-1118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180506**

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 532 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KAREN CRAIG**

Mailing Address **640 BRIGHTSIDE LN**

City

**PASADENA**

State

**CA**

Zip Code

**91107-5342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.160773**

Date of Receipt

**10**

**19**

**2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAREN CRAIG**

Mailing Address **640 BRIGHTSIDE LN**

City

**PASADENA**

State

**CA**

Zip Code

**91107-5342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.163420**

Date of Receipt

**10**

**28**

**2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KAREN CRAIG**

Mailing Address **640 BRIGHTSIDE LN**

City

**PASADENA**

State

**CA**

Zip Code

**91107-5342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.163423**

Date of Receipt

**10**

**28**

**2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**125.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KAREN CRAIG**

Mailing Address **640 BRIGHTSIDE LN**

City

**PASADENA**

State

**CA**

Zip Code

**91107-5342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.166187**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAREN CRAIG**

Mailing Address **640 BRIGHTSIDE LN**

City

**PASADENA**

State

**CA**

Zip Code

**91107-5342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.170692**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KAREN CRAIG**

Mailing Address **640 BRIGHTSIDE LN**

City

**PASADENA**

State

**CA**

Zip Code

**91107-5342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.171910**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KAREN CRAIG**

Mailing Address **640 BRIGHTSIDE LN**

City

**PASADENA**

State

**CA**

Zip Code

**91107-5342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.175042**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAREN CRAIG**

Mailing Address **640 BRIGHTSIDE LN**

City

**PASADENA**

State

**CA**

Zip Code

**91107-5342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.179145**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL CRAIN**

Mailing Address **4450 OAK PARK LN**  
**# 100427**

City

**FORT WORTH**

State

**TX**

Zip Code

**76109-9538**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BRIGGS FREEMAN**

Occupation

**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.167516**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS CRAMER**

Mailing Address 107 BUNKERS COVE RD

City	State	Zip Code
PANAMA CITY	FL	32401-3907

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BILL CRAMER GM**

Occupation  
**AUTOMOTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169841**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS CRAMER**

Mailing Address 107 BUNKERS COVE RD

City	State	Zip Code
PANAMA CITY	FL	32401-3907

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BILL CRAMER GM**

Occupation  
**AUTOMOTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172503**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID CRANNELL**

Mailing Address 5800 W STATE ROAD 80

City	State	Zip Code
FORT DENAUD	FL	33935-0562

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.157710**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 536 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSE E. CREAMER**

Mailing Address 125 WYNSTEAD CT

City

ALPHARETTA

State

GA

Zip Code

30004-3734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MYE CHECK INC.

Occupation

GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.162460**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSE E. CREAMER**

Mailing Address 125 WYNSTEAD CT

City

ALPHARETTA

State

GA

Zip Code

30004-3734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MYE CHECK INC.

Occupation

GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.170388**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSE E. CREAMER**

Mailing Address 125 WYNSTEAD CT

City

ALPHARETTA

State

GA

Zip Code

30004-3734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MYE CHECK INC.

Occupation

GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.178371**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TERRY CREECH**

Mailing Address 4105 KINGWOOD CT

City	State	Zip Code
MIDLAND	TX	79707-2000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HENRY RESOURCES LLC**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171387**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LAI-MING CREGO**

Mailing Address 1112 ARCANE ST

City	State	Zip Code
SIMI VALLEY	CA	93065-4407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.159569**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LAI-MING CREGO**

Mailing Address 1112 ARCANE ST

City	State	Zip Code
SIMI VALLEY	CA	93065-4407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.165495**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LAI-MING CREGO**

Mailing Address 1112 ARCANE ST

City	State	Zip Code
SIMI VALLEY	CA	93065-4407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.173279**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LAI-MING CREGO**

Mailing Address 1112 ARCANE ST

City	State	Zip Code
SIMI VALLEY	CA	93065-4407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.176106**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DONALD J. CREVIER**

Mailing Address 365 CLINTON ST  
STE B

City	State	Zip Code
COSTA MESA	CA	92626-6009

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
AUTO SALES & STORAGE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159042**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2825.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HILLIARD CREWS**

Mailing Address 10001 HOLMES RD

City

COLLIERVILLE

State

TN

Zip Code

38017-3324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SHELBY GROUP INTERNATIONAL, INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166623**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DONALD CRISP**

Mailing Address 7115 THOMAS DR

UNIT 1805

City

PANAMA CITY

State

FL

Zip Code

32408-7635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FIRST AMERICAN TITLE INSURANCE

Occupation

INSURANCE MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.173094**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PAUL W. CRITCHLOW**

Mailing Address 15 FRESH POND RD

City

SAG HARBOR

State

NY

Zip Code

11963-1223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BLACK CAT COMMUNICATIONS LLC

Occupation

PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174080**

Date of Receipt

MM / DD / YYYY  
12 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARK CROCKETT**

Mailing Address 4336 S WANDER LN

City	State	Zip Code
SLC	UT	84124-3628

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VICI CAPITAL PARTNERS

Occupation  
CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.167539**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARK CROCKETT**

Mailing Address 4336 S WANDER LN

City	State	Zip Code
SLC	UT	84124-3628

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VICI CAPITAL PARTNERS

Occupation  
CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175465**

Date of Receipt

MM / DD / YYYY  
12 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. JOHN E. CROGHAN**

Mailing Address 255 MELROSE AVE

City	State	Zip Code
KENILWORTH	IL	60043-1175

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.170536**

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM CROSETTIER**

Mailing Address 16315 OAK CANYON DR

City	State	Zip Code
MORGAN HILL	CA	95037-6813

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CONSULTING FIRM

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.157095**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVEN CRONEY**

Mailing Address 36 HARRISON DR

City	State	Zip Code
NEWTOWN SQUARE	PA	19073-1422

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMCAST

Occupation  
SVP FP&A

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165756**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. CROSSMAN**

Mailing Address 4412 ANSON LN  
STE 201

City	State	Zip Code
ORLANDO	FL	32814-6003

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CROSSMAN & COMPANY

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175013**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

751.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD T. CROTTY**

Mailing Address 6642 THE LANDINGS DR

City	State	Zip Code
BELLE ISLE	FL	32812-3528

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ORANGE COUNTY**

Occupation  
**PROPERTY APPRAISER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158497**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MRS. PAMELA CROTTY**

Mailing Address 6642 THE LANDINGS DR

City	State	Zip Code
BELLE ISLE	FL	32812-3528

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168666**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD T. CROTTY**

Mailing Address 6642 THE LANDINGS DR

City	State	Zip Code
BELLE ISLE	FL	32812-3528

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ORANGE COUNTY**

Occupation  
**PROPERTY APPRAISER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158497B**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN L. CROUSE**

Mailing Address 3308 HIGEL AVE

City	State	Zip Code
SARASOTA	FL	34242-1128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CROUSE INVESTMENTS**

Occupation  
**INVESTMENT MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173009**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. SUZANNE C. CROWELL**

Mailing Address 1256 OAK GROVE AVE

City	State	Zip Code
SAN MARINO	CA	91108-1032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.177404**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. SUZANNE C. CROWELL**

Mailing Address 1256 OAK GROVE AVE

City	State	Zip Code
SAN MARINO	CA	91108-1032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.177404B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-50.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional).....

5400.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. SUZANNE C. CROWELL**

Mailing Address 1256 OAK GROVE AVE

City	State	Zip Code
SAN MARINO	CA	91108-1032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.179305**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MR. BRIAN CROWLEY**

Mailing Address 22 WILTON DR

City	State	Zip Code
ALLENDALE	NJ	07401-1325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCDONNELL CROWLEY, LLC

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173765**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE D. CROWLEY JR.**

Mailing Address 5959 COLLINS AVE  
PH 2

City	State	Zip Code
MIAMI BEACH	FL	33140-2289

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CROWLEY ENTERPRISES

Occupation  
ENTREPRENEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179293**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN E. CROWLEY**

Mailing Address 4002 RIVER PARK DR

City	State	Zip Code
SUFFOLK	VA	23435-3355

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NAWE

Occupation  
GOVT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.165355**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN E. CROWLEY**

Mailing Address 4002 RIVER PARK DR

City	State	Zip Code
SUFFOLK	VA	23435-3355

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NAWE

Occupation  
GOVT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173222**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SUSAN M. CROWN**

Mailing Address 222 N LA SALLE ST  
STE 1000

City	State	Zip Code
CHICAGO	IL	60601-1007

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
OWL CREEK PARTNERS

Occupation  
CHAIRMAN/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179296**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ARDEN CROZER**

Mailing Address 4501 CATHEDRAL AVE NW

City	State	Zip Code
WASHINGTON	DC	20016-3564

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NORTHROP GRUMMAN**

Occupation  
**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163530**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ARDEN CROZER**

Mailing Address 4501 CATHEDRAL AVE NW

City	State	Zip Code
WASHINGTON	DC	20016-3564

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NORTHROP GRUMMAN**

Occupation  
**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173708**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AARON P. CRUZ**

Mailing Address 414 W SUNSET RD

City	State	Zip Code
SAN ANTONIO	TX	78209-1756

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164398**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BLAS CRUZ**

Mailing Address **8664 BLUE SAGE**

City	State	Zip Code
<b>BROWNSVILLE</b>	<b>TX</b>	<b>78520-4094</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STS MANUFACTURING COMPANY**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3200.00**

**Transaction ID : SA17.177339**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>17</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BLAS CRUZ**

Mailing Address **8664 BLUE SAGE**

City	State	Zip Code
<b>BROWNSVILLE</b>	<b>TX</b>	<b>78520-4094</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STS MANUFACTURING COMPANY**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3200.00**

**Transaction ID : SA17.177339B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>22</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**-500.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. BLAS CRUZ**

Mailing Address **8664 BLUE SAGE**

City	State	Zip Code
<b>BROWNSVILLE</b>	<b>TX</b>	<b>78520-4094</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STS MANUFACTURING COMPANY**

Occupation  
**OWNER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3200.00**

**Transaction ID : SA17.179310**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>22</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

**500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAGNOLIA CRUZ**

Mailing Address **8664 BLUE SAGE**

City

**BROWNSVILLE**

State

**TX**

Zip Code

**78520-4094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFF**

Occupation

**INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157679**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JASON S. CRYE**

Mailing Address **2772 N 68TH ST**

City

**MILWAUKEE**

State

**WI**

Zip Code

**53210-1203**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HISPANICS FOR SCHOOL CHOICE**

Occupation

**EXECUTIVE DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.167352**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. CUDAHY**

Mailing Address **1748 LAKEFIELD RD**

City

**CEDARBURG**

State

**WI**

Zip Code

**53012-9112**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THE ENDEAVORS GROUP, LLC**

Occupation

**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161794**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5650.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MRS. INGRID CUEVAS-PADRON**

Mailing Address 4823 NW 113TH PL

City	State	Zip Code
DORAL	FL	33178-4851

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**GRAPHIC DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159254**

Date of Receipt

**10 / 16 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**MR. JOSE CUEVAS**

Mailing Address PO BOX 50607

City	State	Zip Code
MIDLAND	TX	79710-0607

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JUM BURRITO INC**

Occupation  
**RESTAURANT OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164591**

Date of Receipt

**10 / 29 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**BRENDAN CULLEN**

Mailing Address 61 LANE PL

City	State	Zip Code
ATHERTON	CA	94027-3009

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157059**

Date of Receipt

**10 / 05 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DENIS CULLEN**

Mailing Address 70 WHITE HILL RD

City	State	Zip Code
COLD SPRING HARBOR	NY	11724-1107

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169891**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD T. CULLEN JR.**

Mailing Address 2008 16TH ST NW  
APT 300

City	State	Zip Code
WASHINGTON	DC	20009-3420

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FP1 STRATEGIES

Occupation  
SENIOR VICE PRESIDENT, PUBLIC AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162184**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES CUMINALE**

Mailing Address 112 NEARWATER LN

City	State	Zip Code
DARIEN	CT	06820-5712

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PJT PARTNERS HOLDINGS LP

Occupation  
GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174818**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TROY CUMINGS**

Mailing Address 6656 FOREST VALLEY DR SE

City	State	Zip Code
GRAND RAPIDS	MI	49546-9201

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WARNER NORCROSS & JUDD LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180651**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRITTANY CUMMINS**

Mailing Address 633 CHANNING DR NW

City	State	Zip Code
ATLANTA	GA	30318-2502

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161936**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

450.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRITTANY CUMMINS**

Mailing Address 633 CHANNING DR NW

City	State	Zip Code
ATLANTA	GA	30318-2502

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170339**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

450.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRITTANY CUMMINS**

Mailing Address **633 CHANNING DR NW**

City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30318-2502</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178562**

Date of Receipt

M M / D D / Y Y Y Y
12 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**450.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DONALD BRACE CUMMINGS JR.**

Mailing Address **1440 FAIRWAY CIR**

City <b>GENEVA</b>	State <b>IL</b>	Zip Code <b>60134-3177</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLUE HAVEN CAPITAL**

Occupation  
**INVESTMENT ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158510**

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK F. CUMMINGS**

Mailing Address **6123 N FRANCISCO AVE**

City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60659-2501</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHWESTERN MEMORIAL HOSPITAL**

Occupation  
**VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1050.00**

**Transaction ID : SA17.171145**

Date of Receipt

M M / D D / Y Y Y Y
11 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK F. CUMMINGS**

Mailing Address **6123 N FRANCISCO AVE**

City	State	Zip Code
CHICAGO	IL	60659-2501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHWESTERN MEMORIAL HOSPITAL**

Occupation  
**VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1050.00**

**Transaction ID : SA17.171146**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. EDITH C. CUNNANE**

Mailing Address **60 SEAGATE DR**  
**PH 106**

City	State	Zip Code
NAPLES	FL	34103-2445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166414**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. AMY DAWN CUNNINGHAM**

Mailing Address **1800 W VIRGINIA DR**

City	State	Zip Code
KISSIMMEE	FL	34744-6044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PEARSON BITMAN LLP**

Occupation  
**OFFICE MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.160176**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FRED CUNNINGHAM II**

Mailing Address **PO BOX 225**

City	State	Zip Code
<b>ARTHUR</b>	<b>NE</b>	<b>69121-0225</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172299**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES S. CUNNING**

Mailing Address **10488 SPRING HIGHLAND DR**

City	State	Zip Code
<b>INDIANAPOLIS</b>	<b>IN</b>	<b>46290-1101</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.167445**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RALPH CUNNINGHAM**

Mailing Address **5128 TANGLE LN**

City	State	Zip Code
<b>HOUSTON</b>	<b>TX</b>	<b>77056-2116</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ENTERPRISE PRODUCTS COMPANY**

Occupation  
**VICE CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.177010**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RYAN CUNNINGHAM**

Mailing Address **49 E 21ST ST**  
**APT 10C**

City **NEW YORK** State **NY** Zip Code **10010-6274**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FAMILY OFFICE**

Occupation  
**INVESTMENT MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1225.00**

**Transaction ID : SA17.157674**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RYAN CUNNINGHAM**

Mailing Address **49 E 21ST ST**  
**APT 10C**

City **NEW YORK** State **NY** Zip Code **10010-6274**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FAMILY OFFICE**

Occupation  
**INVESTMENT MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1225.00**

**Transaction ID : SA17.159134**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRADLEY N. CURREY JR.**

Mailing Address **191 PEACHTREE ST NE**  
**STE 3265**

City **ATLANTA** State **GA** Zip Code **30303-1763**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173550**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LEIGH S. CURRY**

Mailing Address **210 E 68TH ST**  
**APT 14A**

City **NEW YORK** State **NY** Zip Code **10065-6029**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LEIGH S. CURRY PARTNERS, LP**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170546**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RAVENEL B. CURRY III**

Mailing Address **499 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10022-1240**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EAGLE CAPITAL MANAGEMENT, LLC**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158457**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY J. CURT**

Mailing Address **1218 SMITH RIDGE RD**

City **NEW CANAAN** State **CT** Zip Code **06840-2334**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WARBURG PINCUS, LLC**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158420**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTINE CURTIS**

Mailing Address 2710 TEXAS LAUREL DR

City	State	Zip Code
KATY	TX	77494-3212

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BP N AMERICA

Occupation  
DIRECTOR OF SECURITY GULF OF MEXICO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.164151**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTINE CURTIS**

Mailing Address 2710 TEXAS LAUREL DR

City	State	Zip Code
KATY	TX	77494-3212

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BP N AMERICA

Occupation  
DIRECTOR OF SECURITY GULF OF MEXICO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.169083**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTINE CURTIS**

Mailing Address 2710 TEXAS LAUREL DR

City	State	Zip Code
KATY	TX	77494-3212

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BP N AMERICA

Occupation  
DIRECTOR OF SECURITY GULF OF MEXICO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.171624**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTINE CURTIS**

Mailing Address 2710 TEXAS LAUREL DR

City	State	Zip Code
KATY	TX	77494-3212

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BP N AMERICA

Occupation  
DIRECTOR OF SECURITY GULF OF MEXICC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.178728**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CLAIRE S. CURTIN**

Mailing Address 2001 KIRBY DR  
STE 808

City	State	Zip Code
HOUSTON	TX	77019-6033

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168704**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. NELL J. CURTIS**

Mailing Address CONDOMIMO COSTA AZUL

City	State	Zip Code
SAN JUAN	PR	00911-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1550.00

**Transaction ID : SA17.166570**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1550.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4275.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 559 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JACOB CUSACK**

Mailing Address 1227 O ST NW

City  
WASHINGTON

State Zip Code  
DC 20005-4411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CROSSBOUNDARY

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163243**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. R. HUNTER CUSHING**

Mailing Address 1070 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10128-1000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE KRAUS ORGANIZATION

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162990**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City  
GOSHEN

State Zip Code  
KY 40026-9573

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.160297**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 560 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City	State	Zip Code
GOSHEN	KY	40026-9573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.165143**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City	State	Zip Code
GOSHEN	KY	40026-9573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.168915**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City	State	Zip Code
GOSHEN	KY	40026-9573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.170173**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

27.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 561 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City	State	Zip Code
GOSHEN	KY	40026-9573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.171964**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City	State	Zip Code
GOSHEN	KY	40026-9573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.172635**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City	State	Zip Code
GOSHEN	KY	40026-9573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.175190**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

51.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 562 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City

GOSHEN

State

KY

Zip Code

40026-9573

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW GRID

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.176308**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City

GOSHEN

State

KY

Zip Code

40026-9573

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW GRID

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.177506**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City

GOSHEN

State

KY

Zip Code

40026-9573

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW GRID

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.179068**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

55.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 563 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City	State	Zip Code
GOSHEN	KY	40026-9573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.179069**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City	State	Zip Code
GOSHEN	KY	40026-9573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.179842**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN CUTLER**

Mailing Address 12101 PLANTATION BLVD

City	State	Zip Code
GOSHEN	KY	40026-9573

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW GRID

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

393.00

**Transaction ID : SA17.180710**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

130.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 564 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH T. CUTRONO**

Mailing Address 13327 MORAN DR

City	State	Zip Code
TAMPA	FL	33618-3011

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.160684**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH T. CUTRONO**

Mailing Address 13327 MORAN DR

City	State	Zip Code
TAMPA	FL	33618-3011

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174460**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KENNETH A. CUTSHAW**

Mailing Address 3387 SURREY RD

City	State	Zip Code
DURHAM	NC	27707-5020

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GNG, LLC

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172293**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 565 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WALTER P. CZARNECKI**

Mailing Address 2555 S TELEGRAPH RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RENSKE CORPORATION**

Occupation  
**EXECUTIVE VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162124**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MRS. GINNY CZARNECKI**

Mailing Address 2555 S TELEGRAPH RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162125**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. WALTER P. CZARNECKI**

Mailing Address 2555 S TELEGRAPH RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RENSKE CORPORATION**

Occupation  
**EXECUTIVE VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162124B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 566 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DANIEL DA SILVA**

Mailing Address 4425 ISSAQUAH PINE LAKE RD SE

City	State	Zip Code
SAMMAMISH	WA	98075-6215

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BOEING CAPITAL CORPORATION**

Occupation  
**VP STRATEGIC REGULATORY POLICY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172841**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALYSSA DACUNHA**

Mailing Address 7022 VAGABOND DR

City	State	Zip Code
FALLS CHURCH	VA	22042-3944

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WILMERHALE**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.163323**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SHARON LORD DAGGETT**

Mailing Address 111 WENMOHS PL

City	State	Zip Code
HORSESHOE BAY	TX	78657-6319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.176515**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 567 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM F. DAGLEY**

Mailing Address 353 LOCUST AVE

City	State	Zip Code
SAN RAFAEL	CA	94901-2242

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PRIVATE WEALTH PARTNERS

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163041**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HOWARD DAHL**

Mailing Address 2800 7TH AVE N

City	State	Zip Code
FARGO	ND	58102-3164

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AMITY TECHNOLOGY

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171343**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER DAHM**

Mailing Address 1626 E CANDLESTICK DR

City	State	Zip Code
TEMPE	AZ	85283-2182

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COLEMAN DAHM

Occupation  
COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158032**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 568 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN DALTON**

Mailing Address **41 WESSKUM WOOD RD**

City

**RIVERSIDE**

State

**CT**

Zip Code

**06878-1903**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DALTON ENTERPRISES, INC.**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2250.00**

**Transaction ID : SA17.157935**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK F. DALTON**

Mailing Address **1A REIMER RD**

City

**SCARSDALE**

State

**NY**

Zip Code

**10583-2805**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TUDOR INVESTMENT CORPORATION**

Occupation

**INVESTMENT MGMT.**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.175367**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK F. DALTON**

Mailing Address **1A REIMER RD**

City

**SCARSDALE**

State

**NY**

Zip Code

**10583-2805**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TUDOR INVESTMENT CORPORATION**

Occupation

**INVESTMENT MGMT.**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.175367B**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK F. DALTON**

Mailing Address **1A REIMER RD**

City

**SCARSDALE**

State

**NY**

Zip Code

**10583-2805**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TUDOR INVESTMENT CORPORATION**

Occupation

**INVESTMENT MGMT.**

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.177386**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. NOVA DALY**

Mailing Address **7906 ROSWELL DR**

City

**FALLS CHURCH**

State

**VA**

Zip Code

**22043-3401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**WILEY REIN LLP**

Occupation

**SENIOR POLICY ADVISOR**

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.173421**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAUL DAMAS**

Mailing Address **230 E 79TH ST**

City

**NEW YORK**

State

**NY**

Zip Code

**10075-1254**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PURDUE PHARMA**

Occupation

**PHARMACEUTICALS**

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158465**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK DANEHY**

Mailing Address 4280 BELLE MEADE CV

City	State	Zip Code
MEMPHIS	TN	38117-3016

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEWSOUTH CAPITAL MANAGEMENT, INC.

Occupation  
SECURITIES INDUSTRY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.165761**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

350.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM DANHOF**

Mailing Address 6351 PRIME HOLLOW

City	State	Zip Code
EAST LANSING	MI	48823-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MILLER CANFIELD

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173233A**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CHARGED BACK \$1,300.00 ON 11/12/2015

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM DANHOF**

Mailing Address 6351 PRIME HOLLOW

City	State	Zip Code
EAST LANSING	MI	48823-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MILLER CANFIELD

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173233B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-1300.00

☐ Memo Item

CHARGED BACK

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS DANIEL**

Mailing Address 11418 HAMBLETON WAY

City	State	Zip Code
HOUSTON	TX	77065-4144

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HARRIS COUNTY

Occupation  
COUNTY CLERK

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.162251**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JULIA JONES DANIELS**

Mailing Address 3319 WHITE OAK RD

City	State	Zip Code
RALEIGH	NC	27609-7618

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166335**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES D. DANNENBAUM**

Mailing Address 3100 W ALABAMA ST

City	State	Zip Code
HOUSTON	TX	77098-2004

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JAMES DAANNENBAUM

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159007**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SHIRLEY DANNENBAUM**

Mailing Address 3100 W ALABAMA ST

City	State	Zip Code
HOUSTON	TX	77098-2004

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159010**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. ERIC DANNHEIM**

Mailing Address 182 W 82ND ST  
APT 3E

City	State	Zip Code
NEW YORK	NY	10024-5520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MOORE CAPITAL MANAGEMENT

Occupation  
SENIOR PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.141491**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**C.** Full Name (Last, First, Middle Initial)  
**MR. ERIC DANNHEIM**

Mailing Address 182 W 82ND ST  
APT 3E

City	State	Zip Code
NEW YORK	NY	10024-5520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MOORE CAPITAL MANAGEMENT

Occupation  
SENIOR PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B155024**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page** (optional).....

2700.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 573 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LORI DANNHEIM**

Mailing Address **182 W 82ND ST**  
**APT 3E**

City **NEW YORK** State **NY** Zip Code **10024-5520**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B155023**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**JOSE DANS**

Mailing Address **6601 SW 71ST AVE**

City **MIAMI** State **FL** Zip Code **33143-3016**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WOW FACTOR MARKETING GROUP**

Occupation  
**MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.155392**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOUG DARBUT**

Mailing Address **701 BRICKELL AVE**

City **MIAMI** State **FL** Zip Code **33131-2813**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOLLAND & KNIGHT LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.170381**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**550.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOUG DARBUT**

Mailing Address 701 BRICKELL AVE

City  
MIAMI

State Zip Code  
FL 33131-2813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOLLAND & KNIGHT LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.170382**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JUDITH C. DARBY**

Mailing Address 970 BEARCREEK DR

City  
BARTOW

State Zip Code  
FL 33830-3003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170563**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CRAIG DARCY**

Mailing Address 5100 GLENDALE RD

City  
MOUND

State Zip Code  
MN 55364-1867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MICROSOFT

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163883**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CRAIG DARCY**

Mailing Address 5100 GLENDALE RD

City  
MOUND

State  
MN

Zip Code  
55364-1867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MICROSOFT

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171566**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CRAIG DARCY**

Mailing Address 5100 GLENDALE RD

City  
MOUND

State  
MN

Zip Code  
55364-1867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MICROSOFT

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178867**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID C. DARNELL**

Mailing Address 617 BARONET LN

City  
HOLMES BEACH

State  
FL

Zip Code  
34217-1211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BANK OF AMERICA

Occupation  
VICE CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179010**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 576 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN PETER DASBURG**

Mailing Address 851 HARBOR DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-1746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AKERMAN

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174410**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN PETER DASBURG**

Mailing Address 851 HARBOR DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-1746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AKERMAN

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180448**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LUCCIA ROSANGELICE DASBURG**

Mailing Address 851 HARBOR DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-1746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174369**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3700.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 577 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LUCCIA ROSANGELICE DASBURG**

Mailing Address 851 HARBOR DR

City	State	Zip Code
KEY BISCAIYNE	FL	33149-1746

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180447**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RIDDHI DASGUPTA**

Mailing Address 13330 RIDGEWOOD DR

City	State	Zip Code
ELLICOTT CITY	MD	21042-1266

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161651**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. JACK S. DAUBERT**

Mailing Address 796 HARBOUR ISLE PL

City	State	Zip Code
WEST PALM BEACH	FL	33410-4408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
F.V.I.

Occupation  
MEDICAL DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158659**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 578 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LYNDA J. DAUBERT**

Mailing Address 796 HARBOUR ISLE PL

City	State	Zip Code
WEST PALM BEACH	FL	33410-4408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
F.V.I.

Occupation  
ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158628**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLES TUCKER DAUGHERTY**

Mailing Address 1334 22ND ST NW  
APT 3

City	State	Zip Code
WASHINGTON	DC	20037-3013

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SANDBOXX

Occupation  
BUSINESS DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163062**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GORDON CHAMBERS DAVIDSON**

Mailing Address 424 SEASPRAY AVE

City	State	Zip Code
PALM BEACH	FL	33480-4108

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.170518**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 579 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES W. DAVIDSON**

Mailing Address 6395 S MITCHELL MANOR CIR

City	State	Zip Code
MIAMI	FL	33156-4884

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BANYAN INVESTMENT PARTNERS**

Occupation  
**INVESTMENT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160065**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN DAVID**

Mailing Address 8224 DESERT LILY LN NE

City	State	Zip Code
ALBUQUERQUE	NM	87122-3657

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BFS**

Occupation  
**BENEFITS CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163954**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KRISTINE DAVIDSON**

Mailing Address 532 W33873 HIGHWAY G.

City	State	Zip Code
DOUSMAN	WI	53118-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158655**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 580 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARTY DAVIDSON**

Mailing Address PO BOX 3804

City

**MERIDIAN**

State

**MS**

Zip Code

**39303-3804**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SOUTHERN PIPE & SUPPLY**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173523**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL DAVIDSON**

Mailing Address 120 ARROWHEAD RD

City

**LOUISVILLE**

State

**KY**

Zip Code

**40207-1503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.177475**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD R. DAVIDSON**

Mailing Address 532 W33873 HIGHWAY G.

City

**DOUSMAN**

State

**WI**

Zip Code

**53118-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158672**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 581 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM M. DAVIDSON**

Mailing Address 2882 N LABADIE

City	State	Zip Code
MILFORD	MI	48380-2920

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D.H.I. EQUIPMENT

Occupation  
FIELD SUPERVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161777**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALLISON DAVIS**

Mailing Address 3716 W STEEPLECHASE WAY  
APT J

City	State	Zip Code
WILLIAMSBURG	VA	23188-7866

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WILLIAM & MARY LAW SCHOOL

Occupation  
GRADUATE FELLOW

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163327**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. BEVERLY T. DAVIS**

Mailing Address 8601 N WARE RD

City	State	Zip Code
MCALLEN	TX	78504-9634

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.182410**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAN C. DAVIS**

Mailing Address 188 DOGWOOD PL

City  
FLOWOOD

State Zip Code  
MS 39232-9578

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174764**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DANIEL J. DAVIS**

Mailing Address 9301 CRYSTAL SPRINGS RD

City  
JACKSONVILLE

State Zip Code  
FL 32221-1361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
EXECUTIVE

J.A.X. CHAMBER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158258**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DONN DAVIS**

Mailing Address 204 RIVER BEND RD

City  
GREAT FALLS

State Zip Code  
VA 22066-4142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
BUSINESSMAN

REVOLUTION LLC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162625**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. FRANCES B. DAVIS JR.**

Mailing Address 4700 WILTON PL

City	State	Zip Code
ALEXANDRIA	LA	71303-3771

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.158682**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. GUS N. DAVIS**

Mailing Address 818 MADISON AVE

City	State	Zip Code
NEW YORK	NY	10065-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BERGERON, CAMILLA DIETZ, LTD.

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.181131**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. J. MICHAEL DAVIS**

Mailing Address 2478 HERONWOOD DR

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOLVERINE CAPITAL PARTNERS

Occupation  
PRIVATE INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162082**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JERRY C. DAVIS**

Mailing Address 4208 COUNTRY ST

City

EDINBURG

State

TX

Zip Code

78541-4207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175025**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JILL C. DAVIS**

Mailing Address 902 S BATAVIA AVE

City

GENEVA

State

IL

Zip Code

60134-3011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172622**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LINDA DAVIS**

Mailing Address 5950 SHERRY LN  
STE 500

City

DALLAS

State

TX

Zip Code

75225-6565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160720**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PORTER M. DAVIS**

Mailing Address 101 EXETER RD

City	State	Zip Code
NORTH HAMPTON	NH	03862-2043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOODHULL GROUP

Occupation  
MANAGEMENT CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158526**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RAY DAVIS**

Mailing Address 5950 SHERRY LN  
STE 550

City	State	Zip Code
DALLAS	TX	75225-6535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160695**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD K. DAVIS**

Mailing Address 1325 MOUNT CURVE AVE

City	State	Zip Code
MINNEAPOLIS	MN	55403-1009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US BANK

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178964**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 586 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHARON DAVIS**

Mailing Address 204 RIVER BEND RD

City

GREAT FALLS

State

VA

Zip Code

22066-4142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162624**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN CARR DAVIS**

Mailing Address 1304 CONCOURSE DR

City

LINTHICUM

State

MD

Zip Code

21090-1000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASC PARTNERS, LLC.

Occupation  
MANAGING MEMBER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166465**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. THERESA A. DAVIS**

Mailing Address 1325 MOUNT CURVE AVE

City

MINNEAPOLIS

State

MN

Zip Code

55403-1009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178958**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TODD DAVIS**

Mailing Address **1330 WEST AVE**  
**APT 2702**

City **MIAMI BEACH** State **FL** Zip Code **33139-0911**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BROWN DAVIS INTERIORS**

Occupation  
**DESIGN AND ARCHITECTURE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.157636**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM F. DAVIS**

Mailing Address **3516 POTOMAC AVE**

City **DALLAS** State **TX** Zip Code **75205-2218**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE BROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.169786**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KELLY P. DAY**

Mailing Address **10800 WILSHIRE BLVD**  
**APT 2301**

City **LOS ANGELES** State **CA** Zip Code **90024-4232**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174784**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILIP DAY**

Mailing Address **14 NORTH ST**

City	State	Zip Code
OLD GREENWICH	CT	06870-2131

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HUDSON BAY CAPITAL**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159063**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHAN DAY**

Mailing Address **2684 SW 30TH TER**

City	State	Zip Code
FORT LAUDERDALE	FL	33312-4732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**QUALITY SERVICE GROUP**

Occupation  
**BAR OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.167184**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT W. DE COURSEY**

Mailing Address **12261 ROUNDWOOD RD**  
**UNIT 1401**

City	State	Zip Code
LUTHERVILLE TIMONIUM	MD	21093-3822

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.173085**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**700.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BERNABE DE LA TORRE**

Mailing Address 6205A RODRIGO ST

City

HOUSTON

State

TX

Zip Code

77007-2028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HALLIBURTON

Occupation  
SOFTWARE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158017**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BERNABE DE LA TORRE**

Mailing Address 6205A RODRIGO ST

City

HOUSTON

State

TX

Zip Code

77007-2028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HALLIBURTON

Occupation  
SOFTWARE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.159152**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BERNABE DE LA TORRE**

Mailing Address 6205A RODRIGO ST

City

HOUSTON

State

TX

Zip Code

77007-2028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HALLIBURTON

Occupation  
SOFTWARE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.159941**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BERNABE DE LA TORRE**

Mailing Address 6205A RODRIGO ST

City	State	Zip Code
HOUSTON	TX	77007-2028

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HALLIBURTON

Occupation  
SOFTWARE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.164595**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BERNABE DE LA TORRE**

Mailing Address 6205A RODRIGO ST

City	State	Zip Code
HOUSTON	TX	77007-2028

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HALLIBURTON

Occupation  
SOFTWARE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.167518**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DORA DE LA ROSA**

Mailing Address 27600 WARRIOR DR

City	State	Zip Code
RANCHO PALOS VERDES	CA	90275-3756

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SIDLEY AUSTIN LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167365**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DIMAS DE LEON**

Mailing Address 2415 TAMESIS DR

City

EDINBURG

State

TX

Zip Code

78539-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160711**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City

DORAL

State

FL

Zip Code

33178-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH AMERICAN CRANE

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.166014**

Date of Receipt

MM / DD / YYYY  
11 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City

DORAL

State

FL

Zip Code

33178-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH AMERICAN CRANE

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.170384**

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1015.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTH AMERICAN CRANE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.170386**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTH AMERICAN CRANE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.172132**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTH AMERICAN CRANE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.172587**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

11.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUTH AMERICAN CRANE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.172588**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUTH AMERICAN CRANE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.174258**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUTH AMERICAN CRANE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.174839**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

15.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUTH AMERICAN CRANE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.174840**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUTH AMERICAN CRANE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.176229**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUTH AMERICAN CRANE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.176798**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

15.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 595 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTH AMERICAN CRANE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.178328**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTH AMERICAN CRANE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.178329**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTH AMERICAN CRANE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.179106**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUTH AMERICAN CRANE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.179844**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JUAN M. DE LEON BELLOC**

Mailing Address 8305 NW 108 AVENUE #4

City	State	Zip Code
DORAL	FL	33178-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUTH AMERICAN CRANE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.179845**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAVIER DE ZENGOTITA**

Mailing Address 44 CALLE A  
APT 3C

City	State	Zip Code
GUAYNABO	PR	00966-2221

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SANTANDERS SECURITIES

Occupation  
BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.166573**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

650.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

660.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICH DEALY**

Mailing Address 5205 N O CONNOR BLVD  
STE 200

City State Zip Code  
IRVING TX 75039-3789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PIONEER NATURAL RESOURCES

Occupation  
E.V.P. & C.F.O.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160712**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. GLORIA DEAN**

Mailing Address 1102 OVAL DR

City State Zip Code  
ATHENS TX 75751-3628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170890**

Date of Receipt

M M / D D / Y Y Y Y  
11 25 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ISSAC HENRY DEAN**

Mailing Address 224 N FOREST DUNE DR

City State Zip Code  
SAINT AUGUSTINE FL 32080-8720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ESG COMPANIES

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173544**

Date of Receipt

M M / D D / Y Y Y Y  
12 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JASON DEAN**

Mailing Address 195 REUNION BLVD

City	State	Zip Code
MADISON	MS	39110-8095

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TENAX AEROSPACE**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172669**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RYAN DEAN**

Mailing Address 8 DELPHINIUM ST

City	State	Zip Code
LADERA RANCH	CA	92694-0707

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FISH & TSANG**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170690**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEBORAH DEARBORN**

Mailing Address 64 ROCKY HILL RD

City	State	Zip Code
SOMERSWORTH	NH	03878-2804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DEPT OF STATE CA/PPT/NPC**

Occupation  
**PASSPORT SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

259.00

**Transaction ID : SA17.168976**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEBORAH DEARBORN**

Mailing Address **64 ROCKY HILL RD**

City

**SOMERSWORTH**

State

**NH**

Zip Code

**03878-2804**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DEPT OF STATE CA/PPT/NPC**

Occupation

**PASSPORT SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**259.00**

**Transaction ID : SA17.178457**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AVRO DEB**

Mailing Address **645 WELLINGBROUGH CT**

City

**ALPHARETTA**

State

**GA**

Zip Code

**30005-2529**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173739**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RAYMOND DEBBANE**

Mailing Address **10 QUAIL RD**

City

**GREENWICH**

State

**CT**

Zip Code

**06831-3369**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THE INVUS GROUP, LLC**

Occupation

**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175368**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MERRILL DEBBS**

Mailing Address 6614 WASHINGTON RD

City	State	Zip Code
WEST PALM BEACH	FL	33405-4708

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158864**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT J. DEBBS**

Mailing Address 6614 WASHINGTON RD

City	State	Zip Code
WEST PALM BEACH	FL	33405-4708

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
ML	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158893**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICHOLAS DEBENEDICTIS**

Mailing Address 231 GOLFVIEW RD

City	State	Zip Code
ARDMORE	PA	19003-1019

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
AQUA AMERICA	CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166493**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAN DEBIN**

Mailing Address 13442 HILLTOP TER

City

VALLEY CENTER

State

CA

Zip Code

92082-4160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DEBINAIRE CO

Occupation

PLUMBER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162371**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JACQUES L. DEBROT**

Mailing Address 240 E 82ND ST  
APT 21A

City

NEW YORK

State

NY

Zip Code

10028-2737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DEBROT & SIRIS PC

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161986**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROSINA DECAMPO**

Mailing Address 88 WOOD CREEK DR

City

PITTSFORD

State

NY

Zip Code

14534-4416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

213.00

**Transaction ID : SA17.166104**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 602 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROSINA DECAMPO**

Mailing Address **88 WOOD CREEK DR**

City

**PITTSFORD**

State

**NY**

Zip Code

**14534-4416**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**213.00**

**Transaction ID : SA17.174280**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL DECLARK**

Mailing Address **71804 LASSIER RD**

City

**BRUCE TWP**

State

**MI**

Zip Code

**48065-3522**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DECLARK'S LANDSCAPING INC.**

Occupation

**OWNER/ PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159799**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. NANCY M. DEDMAN**

Mailing Address **6801 HUNTERS GLEN RD**

City

**DALLAS**

State

**TX**

Zip Code

**75205-1264**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.167290**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 603 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. NANCY M. DEDMAN**

Mailing Address 6801 HUNTERS GLEN RD

City	State	Zip Code
DALLAS	TX	75205-1264

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.167290B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MRS. NANCY M. DEDMAN**

Mailing Address 6801 HUNTERS GLEN RD

City	State	Zip Code
DALLAS	TX	75205-1264

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.168669**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**JOHN DEDONCKER**

Mailing Address 6215 UTICA RIDGE RD  
UNIT 204

City	State	Zip Code
DAVENPORT	IA	52807-3306

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TRIUMPH COMMUNITY BANK

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157553**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 604 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. SONYA R. DEEN**

Mailing Address **347 N NEW RIVER DR E**  
**PH 1**

City State Zip Code  
**FORT LAUDERDALE FL 33301-3131**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**J.J. FAMILY ENTERPRISES**

Occupation  
**V.P. OF GOVERNMENT AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.175706**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JASON DEES**

Mailing Address **1770 DOUGLASS DR**

City State Zip Code  
**JACKSON MS 39211-6412**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CENTENE CORPORATION**

Occupation  
**PRESIDENT AND CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.174276**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARGARET W. DEES**

Mailing Address **3643 HEDRICK ST**

City State Zip Code  
**JACKSONVILLE FL 32205-9447**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JACKSONVILLE UNIVERSITY**

Occupation  
**OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1350.00**

**Transaction ID : SA17.158272**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2850.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 605 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. BARBARA DEFEO**

Mailing Address 30 W VIEW DR

City

OYSTER BAY

State

NY

Zip Code

11771-2811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174081**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TODD DEGARMO**

Mailing Address 17 5TH ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDIO ARCHITECTURE

Occupation

ARCHITECT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158044**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM DEGOLIAN**

Mailing Address 2610 RIVERS RD NW

City

ATLANTA

State

GA

Zip Code

30305-3550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JOHNSON AND WARD

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175174**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 606 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**DR. ANTONIO DEGORORDO**

Mailing Address 2206 SABINAL ST

City MISSION	State TX	Zip Code 78572-7478
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VALLEY PULMONARY GROUP

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177883**

Date of Receipt

M M / D D / Y Y Y Y
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS J. DEISINGER**

Mailing Address 4485 S 117TH ST

City GREENFIELD	State WI	Zip Code 53228-2452
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JOHNSON BANK

Occupation  
BANK OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158586**

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SALLY A. DEITCH**

Mailing Address 712 WALTHAM CT

City EL PASO	State TX	Zip Code 79922-2128
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE HOSPITALS OF PROVIDENCE

Occupation  
MARKET CHIEF EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177884**

Date of Receipt

M M / D D / Y Y Y Y
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2950.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JUAN DEL BUSTO**

Mailing Address 14808 SW 67TH LN

City	State	Zip Code
MIAMI	FL	33193-2026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEL BUSTO CAPITAL PARTNERS**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157289**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. JUAN DEL BUSTO**

Mailing Address 14808 SW 67TH LN

City	State	Zip Code
MIAMI	FL	33193-2026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEL BUSTO CAPITAL PARTNERS**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157289B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARIA DEL BUSTO**

Mailing Address 14808 SW 67TH LN

City	State	Zip Code
MIAMI	FL	33193-2026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEL BUSTO CAPITAL PARTNERS**

Occupation  
**PRESIDENT & COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157845**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL DEL MONTE**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.147928**

Date of Receipt

**09 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL DEL MONTE**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.147928B**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-800.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL DEL MONTE**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.174721**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 609 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL DEL MONTE**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.161221**

Date of Receipt

**10** / **20** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL DEL MONTE**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.161221B**

Date of Receipt

**12** / **15** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL DEL MONTE**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.178127**

Date of Receipt

**12** / **15** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL DEL MONTE**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.161271**

Date of Receipt

**10** / **20** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL DEL MONTE**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.161271B**

Date of Receipt

**12** / **15** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL DEL MONTE**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.178126**

Date of Receipt

**12** / **15** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDUARDO DEL VALLE**

Mailing Address 5130 W SAXON CIR

City	State	Zip Code
SOUTHWEST RANCHES	FL	33331-2822

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE GARAGE**

Occupation  
**WHOLESALE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159186**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAULA DEL VICARIO**

Mailing Address 1820 PASEO DEL MAR

City	State	Zip Code
PALOS VERDES ESTATES	CA	90274-1856

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162659**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAULA DEL VICARIO**

Mailing Address 1820 PASEO DEL MAR

City	State	Zip Code
PALOS VERDES ESTATES	CA	90274-1856

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167037**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAULA DEL VICARIO**

Mailing Address **1820 PASEO DEL MAR**

City <b>PALOS VERDES ESTATES</b>	State <b>CA</b>	Zip Code <b>90274-1856</b>
-------------------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172053**

Date of Receipt

M M / D D / Y Y Y Y
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAULA DEL VICARIO**

Mailing Address **1820 PASEO DEL MAR**

City <b>PALOS VERDES ESTATES</b>	State <b>CA</b>	Zip Code <b>90274-1856</b>
-------------------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.179533**

Date of Receipt

M M / D D / Y Y Y Y
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT G. DELAMATER**

Mailing Address **125 BROAD ST**  
**# 3142**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10004-2400</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161190**

Date of Receipt

M M / D D / Y Y Y Y
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2800.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES DELANEY**

Mailing Address 2109 DEER PATH TRL

City	State	Zip Code
COMMERCE TOWNSHIP	MI	48390-1877

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FRIEDMAN MANAGEMENT CO**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158084**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. THEODORA C. DELAND**

Mailing Address 3795 ORTEGA BLVD

City	State	Zip Code
JACKSONVILLE	FL	32210-4347

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158257**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HECTOR DELEON**

Mailing Address 3 LEOPOLD LN

City	State	Zip Code
AUSTIN	TX	78746-3115

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DELEON & WASHBURN PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163022**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GREGORIO DELGADO**

Mailing Address 525 SCHOONER LN

City

LONGBOAT KEY

State

FL

Zip Code

34228-3727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167401**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GREGORIO DELGADO**

Mailing Address 525 SCHOONER LN

City

LONGBOAT KEY

State

FL

Zip Code

34228-3727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174141**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GREGORIO DELGADO**

Mailing Address 525 SCHOONER LN

City

LONGBOAT KEY

State

FL

Zip Code

34228-3727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177602**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GREGORIO DELGADO**

Mailing Address 525 SCHOONER LN

City

LONGBOAT KEY

State

FL

Zip Code

34228-3727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179556**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROLANDO DELGADO JR.**

Mailing Address 2950 SW 27TH AVE  
STE 100

City

MIAMI

State

FL

Zip Code

33133-3765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174935**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANA K. DELLI-GATTI**

Mailing Address 46 RIPPLEMOOR LN

City

CHARLESTON

State

SC

Zip Code

29414-7333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DAVID L. DELLI-GATTI, DDS, PA

Occupation

BOOKKEEPING SPOUSE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171614**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANA K. DELLI-GATTI**

Mailing Address **46 RIPPLEMOOR LN**

City

**CHARLESTON**

State

**SC**

Zip Code

**29414-7333**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DAVID L. DELLI-GATTI, DDS, PA**

Occupation

**BOOKKEEPING SPOUSE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.176990**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANA K. DELLI-GATTI**

Mailing Address **46 RIPPLEMOOR LN**

City

**CHARLESTON**

State

**SC**

Zip Code

**29414-7333**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DAVID L. DELLI-GATTI, DDS, PA**

Occupation

**BOOKKEEPING SPOUSE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.178705**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANA K. DELLI-GATTI**

Mailing Address **46 RIPPLEMOOR LN**

City

**CHARLESTON**

State

**SC**

Zip Code

**29414-7333**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DAVID L. DELLI-GATTI, DDS, PA**

Occupation

**BOOKKEEPING SPOUSE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.179847**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ARMAND C. DELLOVADE**

Mailing Address 108 CAVASINA DR

City	State	Zip Code
CANONSBURG	PA	15317-1767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AC DELLOVADE

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166376**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS DELLOVADE**

Mailing Address 439 ROBINHOOD LN

City	State	Zip Code
MCMURRAY	PA	15317-2716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AC DELLOVADE, INC.

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

**Transaction ID : SA17.166383**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2400.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANICE M. DELLOVADE**

Mailing Address 439 ROBINHOOD LN

City	State	Zip Code
MCMURRAY	PA	15317-2716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

**Transaction ID : SA17.166384**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2400.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7500.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA J. DELLOVADE**

Mailing Address 201 CHERRY HILL DR

City	State	Zip Code
PRESTO	PA	15142-1087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

**Transaction ID : SA17.166382**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2400.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETER J. DELLOVADE**

Mailing Address 201 CHERRY HILL DR

City	State	Zip Code
PRESTO	PA	15142-1087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AC DELLOVADE, INC.

Occupation  
VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

**Transaction ID : SA17.166381**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2400.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. DELORENZO**

Mailing Address 4778 PIMLICO DR

City	State	Zip Code
TALLAHASSEE	FL	32309-1955

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.157574**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4850.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. DELORENZO**

Mailing Address 4778 PIMLICO DR

City	State	Zip Code
TALLAHASSEE	FL	32309-1955

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158058**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. LUCIANO DELSIGNORE**

Mailing Address 29410 NORTHWESTERN HWY

City	State	Zip Code
SOUTHFIELD	MI	48034-5717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BALLO/BIGALORA

Occupation  
CHEF/OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161226**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL DEMARTINO**

Mailing Address 19 LITTLE PINE LN

City	State	Zip Code
EXETER	NH	03833-3109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BOOZ ALLEN HAMILTON

Occupation  
SME/ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.159830**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3050.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 620 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL DEMARTINO**

Mailing Address **19 LITTLE PINE LN**

City  
**EXETER**

State      Zip Code  
**NH      03833-3109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOOZ ALLEN HAMILTON**

Occupation  
**SME/ATTORNEY**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.165570**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL DEMARTINO**

Mailing Address **19 LITTLE PINE LN**

City  
**EXETER**

State      Zip Code  
**NH      03833-3109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOOZ ALLEN HAMILTON**

Occupation  
**SME/ATTORNEY**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.171346**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL DEMARTINO**

Mailing Address **19 LITTLE PINE LN**

City  
**EXETER**

State      Zip Code  
**NH      03833-3109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOOZ ALLEN HAMILTON**

Occupation  
**SME/ATTORNEY**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.174636**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 621 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL DEMARTINO**

Mailing Address **19 LITTLE PINE LN**

City  
**EXETER**

State  
**NH**

Zip Code  
**03833-3109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOOZ ALLEN HAMILTON**

Occupation  
**SME/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.176925**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL DEMARTINO**

Mailing Address **19 LITTLE PINE LN**

City  
**EXETER**

State  
**NH**

Zip Code  
**03833-3109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOOZ ALLEN HAMILTON**

Occupation  
**SME/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.178417**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEVIN DEMENNA**

Mailing Address **1825 W ADAMS ST**

City  
**PHOENIX**

State  
**AZ**

Zip Code  
**85007-2603**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEMENNA & ASSOCIATES**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.167106**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 622 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CLAIBORNE P. DEMING**

Mailing Address 1502 N EUCLID AVE

City	State	Zip Code
EL DORADO	AR	71730-4044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PRIVATE INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163028**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MYN N. DEMMON**

Mailing Address 99 SUTHERLAND DR

City	State	Zip Code
ATHERTON	CA	94027-6471

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178943**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NINA DEMMON**

Mailing Address 620 SAND HILL RD  
APT 228D

City	State	Zip Code
PALO ALTO	CA	94304-2098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159568**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 623 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICIA DENECHAUD**

Mailing Address 138 AUDUBON BLVD

City	State	Zip Code
NEW ORLEANS	LA	70118-5541

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EVENT PLANNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174178**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KEVIN DENHA**

Mailing Address 40700 WOODWARD AVE  
STE 250

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-5111

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DENHA PROPERTIES**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.160076**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBBINS H. DENHAM**

Mailing Address 12710 GREENMOOR DR

City	State	Zip Code
TAMPA	FL	33618-3214

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.166683**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 624 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBBINS H. DENHAM**

Mailing Address 12710 GREENMOOR DR

City

TAMPA

State

FL

Zip Code

33618-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.168695**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBBINS H. DENHAM**

Mailing Address 12710 GREENMOOR DR

City

TAMPA

State

FL

Zip Code

33618-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.176138**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROGER T. DENHA**

Mailing Address 32305 EASTLADY DR

City

BEVERLY HILLS

State

MI

Zip Code

48025-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BKS ADVISORS

Occupation

BROKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163006**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 625 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLINE DENHERDER**

Mailing Address 1316 BISHOP LN

City

ALEXANDRIA

State

VA

Zip Code

22302-3401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FP1 STRATEGIES

Occupation

PUBLIC RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173676**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CLAUDE H. DENKER III**

Mailing Address 2555 S TELEGRAPH RD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302-0912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PENSKE CORPORATION

Occupation

EVP. MARKETING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162128**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. CLAUDE H. DENKER III**

Mailing Address 2555 S TELEGRAPH RD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302-0912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PENSKE CORPORATION

Occupation

EVP. MARKETING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162128B**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 626 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MELISSA F. DENKER**

Mailing Address 2555 S TELEGRAPH RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PENSKE CORPORATION**

Occupation  
**EXECUTIVE VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162129**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**PADRICK DENNIS**

Mailing Address 12473 PRESERVATION DR

City	State	Zip Code
GULFPORT	MS	39503-7062

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPECIALTY CONTRACTORS AND ASSOCIATES**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174278**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT P. DENNISTON**

Mailing Address PO BOX 16818

City	State	Zip Code
MOBILE	AL	36616-0818

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.177857**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

600.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 627 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM D. DENNIS**

Mailing Address PO BOX 6181

City

GULFPORT

State

MS

Zip Code

39506-6181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SPECIALTY CONTRACTORS

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163202**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LAWRENCE A. DENTON**

Mailing Address 567 BALDWIN CT

City

BIRMINGHAM

State

MI

Zip Code

48009-1378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GHAFAI ASSOCIATES, LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160047**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICIA DENTON**

Mailing Address 1600 TEXAS STREET #920

City

FORT WORTH

State

TX

Zip Code

76102-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.00

**Transaction ID : SA17.164212**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3701.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICIA DENTON**

Mailing Address 1600 TEXAS STREET #920

City	State	Zip Code
FORT WORTH	TX	76102-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.00

**Transaction ID : SA17.166706**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICIA DENTON**

Mailing Address 1600 TEXAS STREET #920

City	State	Zip Code
FORT WORTH	TX	76102-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.00

**Transaction ID : SA17.170219**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICIA DENTON**

Mailing Address 1600 TEXAS STREET #920

City	State	Zip Code
FORT WORTH	TX	76102-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.00

**Transaction ID : SA17.172243**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

180.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICIA DENTON**

Mailing Address 1600 TEXAS STREET #920

City	State	Zip Code
FORT WORTH	TX	76102-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.00

**Transaction ID : SA17.174009**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICIA DENTON**

Mailing Address 1600 TEXAS STREET #920

City	State	Zip Code
FORT WORTH	TX	76102-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.00

**Transaction ID : SA17.176539**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICIA DENTON**

Mailing Address 1600 TEXAS STREET #920

City	State	Zip Code
FORT WORTH	TX	76102-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.00

**Transaction ID : SA17.178182**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

45.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 630 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICIA DENTON**

Mailing Address 1600 TEXAS STREET #920

City	State	Zip Code
FORT WORTH	TX	76102-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.00

**Transaction ID : SA17.178404**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICIA DENTON**

Mailing Address 1600 TEXAS STREET #920

City	State	Zip Code
FORT WORTH	TX	76102-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.00

**Transaction ID : SA17.181584**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEVEN L. DENTON**

Mailing Address 2002 SUMMIT BLVD  
STE 900

City	State	Zip Code
BROOKHAVEN	GA	30319-1410

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.173554**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

805.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PASQUALE T. DEON JR.**

Mailing Address 526 S OXFORD VALLEY RD

City	State	Zip Code
FAIRLESS HILLS	PA	19030-2615

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PROGRESSIVE MANAGEMENT

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.158980**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PASQUALE T. DEON JR.**

Mailing Address 526 S OXFORD VALLEY RD

City	State	Zip Code
FAIRLESS HILLS	PA	19030-2615

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PROGRESSIVE MANAGEMENT

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.165751**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PASQUALE T. DEON JR.**

Mailing Address 526 S OXFORD VALLEY RD

City	State	Zip Code
FAIRLESS HILLS	PA	19030-2615

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PROGRESSIVE MANAGEMENT

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.165751B**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 632 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PASQUALE T. DEON JR.**

Mailing Address 526 S OXFORD VALLEY RD

City	State	Zip Code
FAIRLESS HILLS	PA	19030-2615

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PROGRESSIVE MANAGEMENT

Occupation  
REAL ESTATE

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.183887**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**BRIAN DEPAULO**

Mailing Address 290 3RD AVE

City	State	Zip Code
NEW YORK	NY	10010-5513

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BLACK ROCK

Occupation  
FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159858**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RONALD DEROSE**

Mailing Address 24 INDIAN LN

City	State	Zip Code
FLORHAM PARK	NJ	07932-2265

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158089**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID L. DESFOR**

Mailing Address 1943 MONTEREY DR

City	State	Zip Code
MECHANICSBURG	PA	17050-8510

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HERSHA HOSPITALITY**

Occupation  
**TREASURER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165651**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DONNA DESFOR**

Mailing Address 1943 MONTEREY DR

City	State	Zip Code
MECHANICSBURG	PA	17050-8510

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165652**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JANAKI S. DESHMUKH**

Mailing Address 7723 DESDEMONA CT

City	State	Zip Code
MCLEAN	VA	22102-2718

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STRONG BRIDGE CORPORATION**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164655**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 634 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SUHAS R. DESHMUKH**

Mailing Address 7723 DESDEMONA CT

City	State	Zip Code
MCLEAN	VA	22102-2718

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEW YORK LIFE

Occupation  
INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164654**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KEITH J. DETRUDE**

Mailing Address 12025 DURBIN DR

City	State	Zip Code
CARMEL	IN	46032-8940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SHEPERD INSURANCE

Occupation  
INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161331**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. G. FRED DETTWILLER**

Mailing Address 301 GREAT CIRCLE RD

City	State	Zip Code
NASHVILLE	TN	37228-1703

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DET DISTRIBUTING CO.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.145298**

Date of Receipt

**09 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 635 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. G. FRED DETTWILLER**

Mailing Address 301 GREAT CIRCLE RD

City	State	Zip Code
NASHVILLE	TN	37228-1703

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DET DISTRIBUTING CO.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.145298B**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. G. FRED DETTWILLER**

Mailing Address 301 GREAT CIRCLE RD

City	State	Zip Code
NASHVILLE	TN	37228-1703

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DET DISTRIBUTING CO.

Occupation  
PRESIDENT

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.159166**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**BRETT DEVINE**

Mailing Address 248 SHAKER RUN

City	State	Zip Code
COLONIE	NY	12205-2453

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MHP

Occupation  
PROJECT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158306**

Date of Receipt

**10 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 636 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN DEVLIN**

Mailing Address **8 CLAY CT**

City  
**LOCUST**

State Zip Code  
**NJ 07760-2307**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STIFEL GROUP**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159833**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LINDSAY DEVLIN**

Mailing Address **403 W VERMONT ST**  
**APT 467**

City  
**INDIANAPOLIS**

State Zip Code  
**IN 46202-3257**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IN HOUSE OF REPRESENTATIVES**

Occupation  
**PRESS SECRETARY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.157055**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DALTON C. DEVOS**

Mailing Address **126 OTTAWA AVE NW**  
**STE 500**

City  
**GRAND RAPIDS**

State Zip Code  
**MI 49503-2882**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RDV CORPORATION**

Occupation  
**ENTREPRENEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168200**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5650.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 637 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS L. DEVOS**

Mailing Address 126 OTTAWA AVE NW  
STE. 500

City State Zip Code  
GRAND RAPIDS MI 49503-2882

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMWAY

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168194**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELISABETH DEVOS**

Mailing Address 126 OTTAWA AVE NW  
STE 500

City State Zip Code  
GRAND RAPIDS MI 49503-2882

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RDV CORPORATION

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168197**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. HELEN J. DEVOS**

Mailing Address 126 OTTAWA AVE NW  
STE 500

City State Zip Code  
GRAND RAPIDS MI 49503-2882

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RDV CORPORATION

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168198**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 638 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARIA P. DEVOS**

Mailing Address **126 OTTAWA AVE NW**  
**STE 500**

City **GRAND RAPIDS** State **MI** Zip Code **49503-2882**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RDV CORPORATION**

Occupation  
**FOUNDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168199**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD M. DEVOS JR.**

Mailing Address **126 OTTAWA AVE NW**  
**STE. 500**

City **GRAND RAPIDS** State **MI** Zip Code **49503-2882**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE DICK & BETSY DEVOS FOUNDATION**

Occupation  
**FOUNDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168192**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD M. DEVOS SR.**

Mailing Address **126 OTTAWA AVE NW**  
**STE 500**

City **GRAND RAPIDS** State **MI** Zip Code **49503-2882**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RDV CORPORATION**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168193**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 639 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CARLOS DEW**

Mailing Address **575 OSGOOD ST**  
**APT 1402**

City **NORTH ANDOVER** State **MA** Zip Code **01845-1989**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.166864**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CARLOS DEW**

Mailing Address **575 OSGOOD ST**  
**APT 1402**

City **NORTH ANDOVER** State **MA** Zip Code **01845-1989**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.173916**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CARLOS DEW**

Mailing Address **575 OSGOOD ST**  
**APT 1402**

City **NORTH ANDOVER** State **MA** Zip Code **01845-1989**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.178183**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 640 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL I. DI GIOVANNI**

Mailing Address 12217 E ARABIAN PARK DR

City	State	Zip Code
SCOTTSDALE	AZ	85259-5119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161522**

Date of Receipt

MM / DD / YYYY  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID DIAMOND**

Mailing Address 1603 LOOKOUT LANDING CIR

City	State	Zip Code
WINTER PARK	FL	32789-5942

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

FON

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168603**

Date of Receipt

MM / DD / YYYY  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DONALD DIAMOND**

Mailing Address 2200 E RIVER RD  
STE 115

City	State	Zip Code
TUCSON	AZ	85718-6577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SELF-EMPLOYED

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161176**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 641 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANE DIAMOND**

Mailing Address **130 SPRUCE ST**  
**APT 37A**

City **PHILADELPHIA** State **PA** Zip Code **19106-4325**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JANE DIAMOND WELLNESS**

Occupation  
**CORPORATE WELL BEING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163296**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DANIEL DIAS**

Mailing Address **260 S OSCEOLA AVE**  
**PH 1**

City **ORLANDO** State **FL** Zip Code **32801-2881**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DIAS & ASSOCIATES**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173308**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAUL DIAZ**

Mailing Address **PO BOX 6809**

City **LOUISVILLE** State **KY** Zip Code **40206-0809**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.164528**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**10800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 642 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL DIAZ**

Mailing Address PO BOX 6809

City  
LOUISVILLE

State Zip Code  
KY 40206-0809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.164528B**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**PAUL DIAZ**

Mailing Address PO BOX 6809

City  
LOUISVILLE

State Zip Code  
KY 40206-0809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170487**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**PAUL DIAZ**

Mailing Address 11905 PASEO DORADO CIR

City  
EL PASO

State Zip Code  
TX 79936-3785

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INDUSTRIAL WATER SERVICES

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176510**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 643 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARIA E. DIAZ-URQUIOLA**

Mailing Address 10929 NW 67TH ST

City	State	Zip Code
DORAL	FL	33178-3743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161235**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARIA E. DIAZ-URQUIOLA**

Mailing Address 10929 NW 67TH ST

City	State	Zip Code
DORAL	FL	33178-3743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173534**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHIRLEY DICK**

Mailing Address 1241 CYPRESS DR W

City	State	Zip Code
ANNANDALE	MN	55302-3474

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172169**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 644 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. J. ROBERT DICKERSON**

Mailing Address 6110 PEBBLE BEACH DR

City

HOUSTON

State

TX

Zip Code

77069-2538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.174492**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAUL DICKSON**

Mailing Address PO BOX 51367

City

SHREVEPORT

State

LA

Zip Code

71135-1367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MORRIS & DICKSON CO., LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163080**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MRS. BEVERLY DICKSON**

Mailing Address PO BOX 51367

City

SHREVEPORT

State

LA

Zip Code

71135-1367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173577**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5800.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 645 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL DICKSON**

Mailing Address PO BOX 51367

City

SHREVEPORT

State

LA

Zip Code

71135-1367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MORRIS & DICKSON CO., LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163080B**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**JAMES R. DIERCKSEN**

Mailing Address 36 CONTINENTAL DR

City

WEST NYACK

State

NY

Zip Code

10994-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ACA COMPLIANCE GROUP

Occupation

SENIOR PRINCIPAL CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

204.50

**Transaction ID : SA17.157785**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL A. DIETRICH**

Mailing Address 123 LAUREL RIDGE DR

City

JONESBOROUGH

State

TN

Zip Code

37659-7416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CHAMPION CHEVROLET CADILLAC

Occupation

CAR DEALER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.155484**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

525.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 646 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. THOMAS DIETZ**

Mailing Address **26 EGRET WAY**

City	State	Zip Code
MILL VALLEY	CA	94941-3270

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WAY POINT HOLDINGS**

Occupation  
**BOARD DIRECTOR/ INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159163**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MARGARET M. DIGIRO**

Mailing Address **108 19TH ST**

City	State	Zip Code
BELLEAIR BEACH	FL	33786-3316

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172425**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID M. DIGNAM**

Mailing Address **5150 THE POINTE**

City	State	Zip Code
ENGLEWOOD	FL	34223-8104

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KEY AGENCY INC**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2710.00

**Transaction ID : SA17.157391**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2760.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 647 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. DAVID M. DIGNAM**

Mailing Address 5150 THE POINTE

City	State	Zip Code
ENGLEWOOD	FL	34223-8104

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KEY AGENCY INC**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2710.00

**Transaction ID : SA17.169198**

Date of Receipt

**11** / **17** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. DAVID M. DIGNAM**

Mailing Address 5150 THE POINTE

City	State	Zip Code
ENGLEWOOD	FL	34223-8104

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KEY AGENCY INC**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2710.00

**Transaction ID : SA17.169198B**

Date of Receipt

**12** / **15** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-10.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)

**MR. DAVID M. DIGNAM**

Mailing Address 5150 THE POINTE

City	State	Zip Code
ENGLEWOOD	FL	34223-8104

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KEY AGENCY INC**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2710.00

**Transaction ID : SA17.175735**

Date of Receipt

**12** / **15** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional).....

2200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 648 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOYCE DILL**

Mailing Address **3725 W CENTER ST**

City

**CINCINNATI**

State

**OH**

Zip Code

**45227-4446**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.179851**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOYCE DILL**

Mailing Address **3725 W CENTER ST**

City

**CINCINNATI**

State

**OH**

Zip Code

**45227-4446**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.181669**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JACK NEWTON DILLARD**

Mailing Address **916 MALVA CT**

City

**PRESCOTT**

State

**AZ**

Zip Code

**86305-6732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.181047**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 649 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOE DILLIER**

Mailing Address 3013 WISTERIA

City

BLOOMINGTON

State

IL

Zip Code

61704-2770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GROWMARK, INC

Occupation

COMMODITY SALES / TRADING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.165126**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOE DILLIER**

Mailing Address 3013 WISTERIA

City

BLOOMINGTON

State

IL

Zip Code

61704-2770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GROWMARK, INC

Occupation

COMMODITY SALES / TRADING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.168903**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOE DILLIER**

Mailing Address 3013 WISTERIA

City

BLOOMINGTON

State

IL

Zip Code

61704-2770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GROWMARK, INC

Occupation

COMMODITY SALES / TRADING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.175183**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 650 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOE DILLIER**

Mailing Address 3013 WISTERIA

City

BLOOMINGTON

State

IL

Zip Code

61704-2770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GROWMARK, INC

Occupation  
COMMODITY SALES / TRADING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.176286**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOE DILLIER**

Mailing Address 3013 WISTERIA

City

BLOOMINGTON

State

IL

Zip Code

61704-2770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GROWMARK, INC

Occupation  
COMMODITY SALES / TRADING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.179852**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID DILLMEIER**

Mailing Address 97 WYATT RD

City

GARDEN CITY

State

NY

Zip Code

11530-3117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DILLMEIER ENT.

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159231**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 651 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CLYDE A. DILLON III**

Mailing Address 32 BEEKMAN RD

City	State	Zip Code
SUMMIT	NJ	07901-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VERTICAL RESEARCH PARTNERS

Occupation  
INVESTMENT ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164628**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARGARET DILLON**

Mailing Address 32 BEEKMAN RD

City	State	Zip Code
SUMMIT	NJ	07901-1720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164627**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RUBY DILLON**

Mailing Address 7516 EVELYN DR

City	State	Zip Code
RICHLAND HILLS	TX	76118-5938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.165244**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 652 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RUBY DILLON**

Mailing Address 7516 EVELYN DR

City

RICHLAND HILLS

State

TX

Zip Code

76118-5938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.172786**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RUBY DILLON**

Mailing Address 7516 EVELYN DR

City

RICHLAND HILLS

State

TX

Zip Code

76118-5938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.176520**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RUBY DILLON**

Mailing Address 7516 EVELYN DR

City

RICHLAND HILLS

State

TX

Zip Code

76118-5938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.178405**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)** .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 653 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RUBY DILLON**

Mailing Address 7516 EVELYN DR

City

RICHLAND HILLS

State

TX

Zip Code

76118-5938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.179853**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KEITH S. DIMARINO**

Mailing Address PO BOX 566

City

THOROFARE

State

NJ

Zip Code

08086-0566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOCUVAULT

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.166326**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEITH S. DIMARINO**

Mailing Address PO BOX 566

City

THOROFARE

State

NJ

Zip Code

08086-0566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOCUVAULT

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.166327**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 654 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JENNIFER DIMICH**

Mailing Address 535 PLANTE ST

City

KEY LARGO

State

FL

Zip Code

33037-4625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FISHERMEN HOSPITAL

Occupation

LAB MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.165080**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES B. DINNEEN JR.**

Mailing Address 127 W FAIRBANKS AVE  
# 406

City

WINTER PARK

State

FL

Zip Code

32789-4326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ASC PARTNERS

Occupation

FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158930**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID DIRITA**

Mailing Address 535 GRISWOLD ST  
STE 2650

City

DETROIT

State

MI

Zip Code

48226-3604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THE ROXBURG GROUP

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179009**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 655 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SUSAN DIRKSEN**

Mailing Address 389 GLENDALE RD

City

SAN MATEO

State

CA

Zip Code

94402-1171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

896.00

**Transaction ID : SA17.176669**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SUSAN DIRKSEN**

Mailing Address 389 GLENDALE RD

City

SAN MATEO

State

CA

Zip Code

94402-1171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

896.00

**Transaction ID : SA17.177148**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALEC DIRUZZA**

Mailing Address 200 PARK AVE

City

NEW YORK

State

NY

Zip Code

10166-0005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JULIAN'S MENSWEAR

Occupation

STUDENT/RETAIL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181125**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 656 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALEC DIRUZZA**

Mailing Address 200 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10166-0005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JULIAN'S MENSWEAR

Occupation  
STUDENT/RETAIL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181126**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALEC DIRUZZA**

Mailing Address 200 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10166-0005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JULIAN'S MENSWEAR

Occupation  
STUDENT/RETAIL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181127**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALEC DIRUZZA**

Mailing Address 200 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10166-0005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JULIAN'S MENSWEAR

Occupation  
STUDENT/RETAIL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181128**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALEC DIRUZZA**

Mailing Address 200 PARK AVE

City	State	Zip Code
NEW YORK	NY	10166-0005

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JULIAN'S MENSWEAR**

Occupation  
**STUDENT/RETAIL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181129**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALEC DIRUZZA**

Mailing Address 200 PARK AVE

City	State	Zip Code
NEW YORK	NY	10166-0005

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JULIAN'S MENSWEAR**

Occupation  
**STUDENT/RETAIL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181130**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BARRY S. DIRUZZA**

Mailing Address 200 PARK AVE

City	State	Zip Code
NEW YORK	NY	10166-0005

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170549**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 658 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JO DEE B. DIRUZZA**

Mailing Address 200 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10166-0005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170554**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JAIME L. DISTEFANO**

Mailing Address 35261 VITO DR

City  
STERLING HEIGHTS

State Zip Code  
MI 48310-5068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

CONWAY MACKENZIE

PERSONAL ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161346**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES E. DOCKTER**

Mailing Address 11133 GREEN BAYBERRY DR

City  
PALM BEACH GARDENS

State Zip Code  
FL 33418-1511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158882**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 659 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD DODD**

Mailing Address 490 GRACE AVE

City

PANAMA CITY

State

FL

Zip Code

32401-2722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RELIANTSOUTH CONSTRUCTION

Occupation

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169840**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CONSTANCE M. DOEPKE**

Mailing Address 265 HOLLANDER RD

City

WAYZATA

State

MN

Zip Code

55391-9537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ACTUARY ADVISORS, INC.

Occupation

CONSULTING ACTUARY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173574**

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK A. DOEPKE**

Mailing Address 265 HOLLANDER RD

City

WAYZATA

State

MN

Zip Code

55391-9537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ACTUARIAZ ADVISORS, INC.

Occupation

ACTUARY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173537**

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 660 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JUDITH DOERR**

Mailing Address **PO BOX 698**

City	State	Zip Code
<b>MEQUON</b>	<b>WI</b>	<b>53092-0698</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TEACH ME, INC.**

Occupation  
**PUBLISHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172297**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LEE A. DOERR**

Mailing Address **PO BOX 698**

City	State	Zip Code
<b>MEQUON</b>	<b>WI</b>	<b>53092-0698</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172296**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GERRI DOLAN**

Mailing Address **20 CALABRIA AVE**

City	State	Zip Code
<b>CORAL GABLES</b>	<b>FL</b>	<b>33134-3104</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KPMG**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**550.00**

**Transaction ID : SA17.169569**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 661 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GERRI DOLAN**

Mailing Address 20 CALABRIA AVE

City	State	Zip Code
CORAL GABLES	FL	33134-3104

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KPMG**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.179055**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VINCENT DOLAN**

Mailing Address 5927 BAYVIEW CIR S

City	State	Zip Code
GULFPORT	FL	33707-3929

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157320**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HENRY J. DOLTON**

Mailing Address 5902 MOUNT EAGLE DR

City	State	Zip Code
ALEXANDRIA	VA	22303-2513

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.00

**Transaction ID : SA17.166867**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2775.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 662 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HENRY J. DOLTON**

Mailing Address 5902 MOUNT EAGLE DR

City	State	Zip Code
ALEXANDRIA	VA	22303-2513

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.00

**Transaction ID : SA17.174027**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HENRY J. DOLTON**

Mailing Address 5902 MOUNT EAGLE DR

City	State	Zip Code
ALEXANDRIA	VA	22303-2513

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.00

**Transaction ID : SA17.177648**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HENRY J. DOLTON**

Mailing Address 5902 MOUNT EAGLE DR

City	State	Zip Code
ALEXANDRIA	VA	22303-2513

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.00

**Transaction ID : SA17.179699**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 663 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN DOMENECH**

Mailing Address **29332 FORRESTAL AVE**

City	State	Zip Code
<b>BIG PINE KEY</b>	<b>FL</b>	<b>33043-3202</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.159682**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN DOMENECH**

Mailing Address **29332 FORRESTAL AVE**

City	State	Zip Code
<b>BIG PINE KEY</b>	<b>FL</b>	<b>33043-3202</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.159683**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN DOMENECH**

Mailing Address **29332 FORRESTAL AVE**

City	State	Zip Code
<b>BIG PINE KEY</b>	<b>FL</b>	<b>33043-3202</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.162795**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**30.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 664 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN DOMENECH**

Mailing Address **29332 FORRESTAL AVE**

City	State	Zip Code
<b>BIG PINE KEY</b>	<b>FL</b>	<b>33043-3202</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.169212**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDRES DOMINGUEZ**

Mailing Address **11352 H P MARTINEZ WAY**

City	State	Zip Code
<b>EL PASO</b>	<b>TX</b>	<b>79934-3808</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**VERTICAL 1 COMMUNICATIONS**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.177344**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PITTEL J. DOMINGUEZ**

Mailing Address **662 NW 129TH AVE**

City	State	Zip Code
<b>MIAMI</b>	<b>FL</b>	<b>33182-1169</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174367**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**460.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 665 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. FRANCES L. DONAHUE**

Mailing Address 106 HAVERFORD RD

City	State	Zip Code
PITTSBURGH	PA	15238-1620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166400**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETER J. DONAHUE**

Mailing Address 47 ENGLEWOOD AVE  
APT 6

City	State	Zip Code
BOSTON	MA	02135-7852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166393**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD H. DONAHUE**

Mailing Address 47 ENGLEWOOD AVE  
APT 6

City	State	Zip Code
BOSTON	MA	02135-7852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TIGER GROUP

Occupation  
ANALYST-FINANCIAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166395**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4700.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 666 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS R. DONAHUE**

Mailing Address 106 HAVERFORD RD

City	State	Zip Code
PITTSBURGH	PA	15238-1620

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FEDERATED**

Occupation  
**CHIEF FINANCIAL OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166423**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. VINCENT P. DONAHUE JR.**

Mailing Address 5870 S CLAYTON CT

City	State	Zip Code
GREENWOOD VILLAGE	CO	80121-1718

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159252**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID DONALDSON**

Mailing Address 4822 S SYDNEY AVE

City	State	Zip Code
SPRINGFIELD	MO	65810-1514

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CONVOY OF HOPE**

Occupation  
**CO-FOUNDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176899**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 667 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KENNETH DONALD**

Mailing Address **PO BOX 441**

City <b>OZONA</b>	State <b>FL</b>	Zip Code <b>34660-0441</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KJDFI, INC.**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.164471**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**QIANQIAN DONG**

Mailing Address **10295 COLLINS AVE  
UNIT 2303**

City <b>BAL HARBOUR</b>	State <b>FL</b>	Zip Code <b>33154-1491</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.181541**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS G. DONNAHUE**

Mailing Address **2501 LARKINS WAY**

City <b>PITTSBURGH</b>	State <b>PA</b>	Zip Code <b>15203-2220</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NIKE**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166396**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 668 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS DONNELLY**

Mailing Address 201 N MORGAN AVE

City

HAVERTOWN

State

PA

Zip Code

19083-5009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMCAST CORPORATION

Occupation

TAX PROFESSIONAL

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164059**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KATHY DONOVAN**

Mailing Address 6515 NORTHAVEN RD

City

DALLAS

State

TX

Zip Code

75230-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WILLIAM M. WODALL, P.C.

Occupation

OFFICE MANAGER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169408**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. GINGER HARRIS DONTZIN**

Mailing Address 6 E 81ST ST

City

NEW YORK

State

NY

Zip Code

10028-0201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.175376**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2300.00



Memo Item

**Subtotal Of Receipts This Page** (optional).....

7700.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 669 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM D. DOOLEY**

Mailing Address 225 E 86TH ST

City  
**NEW YORK**

State Zip Code  
**NY 10028-3019**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLACKROCK**

Occupation  
**ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171357**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD DORFMAN**

Mailing Address 800 N TAMIAMI TRL  
UNIT 1101

City  
**SARASOTA**

State Zip Code  
**FL 34236-4010**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173014**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. MALCOLM DORMAN**

Mailing Address 8642 YELLOW ROSE CT

City  
**BOYNTON BEACH**

State Zip Code  
**FL 33473-4850**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CARDIOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179361**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 670 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID DORROS**

Mailing Address 4915 GLENBROOK RD NW

City	State	Zip Code
WASHINGTON	DC	20016-3222

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CBRE

Occupation  
COMMERCIAL REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.164465**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEREMY DORSETT**

Mailing Address 1407 CHAPMAN CIR

City	State	Zip Code
WINTER PARK	FL	32789-5953

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PARKWAY PROPERTIES

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.169845**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHERRY DORSEY**

Mailing Address 166 CYPRUS AVE

City	State	Zip Code
TAMPA	FL	33606-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
HEALTHCARE CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.167204**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 671 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHERRY DORSEY**

Mailing Address 166 CYPRUS AVE

City	State	Zip Code
TAMPA	FL	33606-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**HEALTHCARE CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.180906**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. WILLIAM F. DOUGHERTY**

Mailing Address 206 AVERY HTS

City	State	Zip Code
HARTFORD	CT	06106-4271

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.158126**

Date of Receipt

**10 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. VICKI J. DOUGLAS**

Mailing Address 3260 DEL MONTE DR

City	State	Zip Code
HOUSTON	TX	77019-3218

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159011**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

5525.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 672 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KENNETH J. DOUGLAS**

Mailing Address 3260 DEL MONTE DR

City	State	Zip Code
HOUSTON	TX	77019-3218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159277**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. VICKI J. DOUGLAS**

Mailing Address 3260 DEL MONTE DR

City	State	Zip Code
HOUSTON	TX	77019-3218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159011B**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. TIM DOVE**

Mailing Address 5205 N O CONNOR BLVD  
STE 200

City	State	Zip Code
IRVING	TX	75039-3789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

PIONEER NATURAL RESOURCES

PRESIDENT & C.O.O.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.160710**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 673 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS M. DOW**

Mailing Address **1750 P ST NW**  
**PH 3**

City	State	Zip Code
WASHINGTON	DC	20036-1365

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CARNIVAL CORP.**

Occupation  
**VP PUBLIC AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174375**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STED DOWD**

Mailing Address **10 JOHNSON RD**

City	State	Zip Code
CHARLESTON	SC	29407-7515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ORACLE**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.179719**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALLEN DOWHIE**

Mailing Address **1888 CARDINAL CIR**

City	State	Zip Code
JEFFERSONVILLE	PA	19403-2859

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HERMITAGE HOME INC.**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173778**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 674 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL DOWLING**

Mailing Address 13604 LAKE CAWOOD DR

City	State	Zip Code
WINDERMERE	FL	34786-7016

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SUNRISE GLOBAL TRADING

Occupation  
SM. BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.169202**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL DOWLING**

Mailing Address 13604 LAKE CAWOOD DR

City	State	Zip Code
WINDERMERE	FL	34786-7016

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SUNRISE GLOBAL TRADING

Occupation  
SM. BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.177172**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PATRICK JOSEPH DOWNES**

Mailing Address 2930 BRIDGEPORT AVE  
APT 307

City	State	Zip Code
COCONUT GROVE	FL	33133-3608

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TENET HEALTHCARE

Occupation  
HOSPITAL ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.154148**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 675 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ASHLEY DOWNES**

Mailing Address **2930 BRIDGEPORT AVE**  
**APT 307**

City **COCONUT GROVE** State **FL** Zip Code **33133-3608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**65.00**

**Transaction ID : SA17.B163383**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**65.00**

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. PATRICK JOSEPH DOWNES**

Mailing Address **2930 BRIDGEPORT AVE**  
**APT 307**

City **COCONUT GROVE** State **FL** Zip Code **33133-3608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**TENET HEALTHCARE**

**HOSPITAL ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B163384**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-65.00**

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**ROBERT DOWNES**

Mailing Address **1220 PARK AVE**  
**APT 5C**

City **NEW YORK** State **NY** Zip Code **10128-1733**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**SULLIVAN & CROMWELL LLP**

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.156412**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 676 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIE DOWNS**

Mailing Address 9065 CRUMPS MILL RD

City	State	Zip Code
QUINTON	VA	23141-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RR DONNELLEY

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165353**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DANIEL M. DOYLE JR.**

Mailing Address 3 STONEGATE DR

City	State	Zip Code
BELLEAIR	FL	33756-1687

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DEX IMAGING

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158575**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SAMANTHA K. DRAVIS**

Mailing Address 3404 DENT PL NW

City	State	Zip Code
WASHINGTON	DC	20007-2714

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RULE OF LAW DEFENSE FUND

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163250**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1750.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SAMANTHA K. DRAVIS**

Mailing Address 3404 DENT PL NW

City

WASHINGTON

State

DC

Zip Code

20007-2714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RULE OF LAW DEFENSE FUND

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163256**

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LINDA DRESNER-LEVY**

Mailing Address 970 SHIRLEY RD

City

BIRMINGHAM

State

MI

Zip Code

48009-3730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

RETAIL MERCHANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161524**

Date of Receipt

MM / DD / YYYY  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN C. DRESSER**

Mailing Address 138 MOORINGS PARK DR  
BLDG O-304

City

NAPLES

State

FL

Zip Code

34105-2195

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179160**

Date of Receipt

MM / DD / YYYY  
12 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RANDAL DREW**

Mailing Address **7892 BAYMEADOWS WAY**

City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32256-7512</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PARC SERVICES, LLC**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**260.00**

**Transaction ID : SA17.159678**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY DREW**

Mailing Address **409 S LENZNER AVE**  
**APT 8107**

City <b>SIERRA VISTA</b>	State <b>AZ</b>	Zip Code <b>85635-5644</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1250.00**

**Transaction ID : SA17.162055**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WALTER H. DREW**

Mailing Address **18 MARSH POINT RD**

City <b>FERNANDINA BEACH</b>	State <b>FL</b>	Zip Code <b>32034-6424</b>
---------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**460.00**

**Transaction ID : SA17.162429**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1020.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WALTER H. DREW**

Mailing Address **18 MARSH POINT RD**

City	State	Zip Code
<b>FERNANDINA BEACH</b>	<b>FL</b>	<b>32034-6424</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**460.00**

**Transaction ID : SA17.166936**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WALTER H. DREW**

Mailing Address **18 MARSH POINT RD**

City	State	Zip Code
<b>FERNANDINA BEACH</b>	<b>FL</b>	<b>32034-6424</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**460.00**

**Transaction ID : SA17.172037**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WALTER H. DREW**

Mailing Address **18 MARSH POINT RD**

City	State	Zip Code
<b>FERNANDINA BEACH</b>	<b>FL</b>	<b>32034-6424</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**460.00**

**Transaction ID : SA17.173867**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 680 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WALTER H. DREW**

Mailing Address 18 MARSH POINT RD

City	State	Zip Code
FERNANDINA BEACH	FL	32034-6424

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

**Transaction ID : SA17.179565**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT S. DRIEGERT**

Mailing Address 3 SHADYWOOD PL

City	State	Zip Code
RICHARDSON	TX	75080-4927

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HENRY, DRIEGERT, HSUEH LLC

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169470**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY A. DRITLEY**

Mailing Address 28128 PACIFIC COAST HWY  
SPC 138

City	State	Zip Code
MALIBU	CA	90265-8138

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KEARNY REAL ESTATE COMPANY

Occupation  
FOUNDER/MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162919**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 681 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID C. DRYSDALE**

Mailing Address 140 PELICAN REEF DR

City	State	Zip Code
SAINT AUGUSTINE	FL	32080-5323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ST. AUGUSTINE ALLIGATOR FARM

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.170656**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**JOE DRYSDALE**

Mailing Address 16400 DALLAS PKWY  
STE 400

City	State	Zip Code
DALLAS	TX	75248-2643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VERDAD

Occupation  
PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168112**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FEI DU**

Mailing Address 15038 UNION TPKE  
APT 11L

City	State	Zip Code
FLUSHING	NY	11367-3905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

432.31

**Transaction ID : SA17.155501**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

27.77

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1527.77

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 682 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FEI DU**

Mailing Address **15038 UNION TPKE**  
**APT 11L**

City **FLUSHING** State **NY** Zip Code **11367-3905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**432.31**

**Transaction ID : SA17.157483**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**77.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FEI DU**

Mailing Address **15038 UNION TPKE**  
**APT 11L**

City **FLUSHING** State **NY** Zip Code **11367-3905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**432.31**

**Transaction ID : SA17.158008**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**77.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FEI DU**

Mailing Address **15038 UNION TPKE**  
**APT 11L**

City **FLUSHING** State **NY** Zip Code **11367-3905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**432.31**

**Transaction ID : SA17.161014**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**204.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 683 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAURICIO DUARTE**

Mailing Address 711 SUNSET RD

City

CORAL GABLES

State

FL

Zip Code

33143-6266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CRISPIN PORTER & BOGUSKY

Occupation

ASSISTANT CONTROLLER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.158992**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-250.00

☐ Memo Item

**CHARGED BACK**

**B. Full Name (Last, First, Middle Initial)**

**MAURICIO DUARTE**

Mailing Address 711 SUNSET RD

City

CORAL GABLES

State

FL

Zip Code

33143-6266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CRISPIN PORTER & BOGUSKY

Occupation

ASSISTANT CONTROLLER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.169581**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KENNETH M. DUBERSTEIN**

Mailing Address 2100 PENNSYLVANIA AVE NW  
STE. 500

City

WASHINGTON

State

DC

Zip Code

20037-3204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THE DUBERSTEIN GROUP, INC.

Occupation

CHAIRMAN/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174414**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

775.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 684 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. HELEN R. DUBOIS**

Mailing Address 1545 35TH ST NW

City  
WASHINGTON

State Zip Code  
DC 20007-2753

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.157033**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CLIFTON E. DUBOSE JR.**

Mailing Address 1904 COLLEGE AVE

City  
MIDLAND

State Zip Code  
TX 79701-6935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MIDLAND COUNTY D.A. OFFICE

Occupation  
A.D.A.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169435**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL DUCHON**

Mailing Address 1900 SUNSET HARBOUR DRIVE  
#814

City  
MIAMI BEACH

State Zip Code  
FL 33139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOUGLAS ELLIMAN

Occupation  
REAL ESTATE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171356**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 685 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL L. DUCKER**

Mailing Address 1715 AARON BRENNER DR  
STE 600

City State Zip Code  
MEMPHIS TN 38120-1444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FEDEX FREIGHT

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170646**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WAYNE C. DUCOTE**

Mailing Address 601 POYDRAS ST  
STE 2625

City State Zip Code  
NEW ORLEANS LA 70130-6043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174779**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS DUFF**

Mailing Address 73 TIDEWATER RD

City State Zip Code  
HATTIESBURG MS 39402-9780

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTHERN TIRE MART, LLC

Occupation  
BUSINESS MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173263**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 686 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BARNEY DUFFY**

Mailing Address 396 ORLANDO BLVD

City	State	Zip Code
PORT CHARLOTTE	FL	33954-3501

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SCHOOL BOARD OF CHARLOTTE COUNTY**

Occupation  
**ASST DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.167389**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. TRICIA M. DUFFY**

Mailing Address 396 ORLANDO BLVD

City	State	Zip Code
PORT CHARLOTTE	FL	33954-3501

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BOARD OF COUNTY COMMISSIONERS**

Occupation  
**COMMISSIONER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.167390**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRED DUFOUR**

Mailing Address 207 N CHESTNUT ST

City	State	Zip Code
CLINTON	NC	28328-3925

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176911**

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 687 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HAJJI DULE**

Mailing Address **6606 DE MOSS DR**  
**APT 1709**

City **HOUSTON** State **TX** Zip Code **77074-5027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**425.00**

**Transaction ID : SA17.162589**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HAJJI DULE**

Mailing Address **6606 DE MOSS DR**  
**APT 1709**

City **HOUSTON** State **TX** Zip Code **77074-5027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**425.00**

**Transaction ID : SA17.166514**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HAJJI DULE**

Mailing Address **6606 DE MOSS DR**  
**APT 1709**

City **HOUSTON** State **TX** Zip Code **77074-5027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**425.00**

**Transaction ID : SA17.170791**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**225.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HAJJI DULE**

Mailing Address **6606 DE MOSS DR**  
**APT 1709**

City **HOUSTON** State **TX** Zip Code **77074-5027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**425.00**

**Transaction ID : SA17.178459**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ERIC DUNCANSON**

Mailing Address **10409 BLOOMFIELD ST**

City **TOLUCA LAKE** State **CA** Zip Code **91602-2810**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CUSHMAN & WAKEFIELD**

Occupation  
**REAL ESTATE BROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174785**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JENNIFER WIBBERLEY DUNCAN**

Mailing Address **3404 N HARBOUR CIR**

City **PANAMA CITY** State **FL** Zip Code **32405-1635**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.173113**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. DUNCAN**

Mailing Address **1777 S HARRISON ST**  
**PH 1**

City **DENVER** State **CO** Zip Code **80210-3925**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUNCAN OIL CO.**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161795**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item

**SEE REATTRIBUTION**

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. DUNCAN**

Mailing Address **1777 S HARRISON ST**  
**PH 1**

City **DENVER** State **CO** Zip Code **80210-3925**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUNCAN OIL CO.**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161795B**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2300.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**RENEE DUNCAN**

Mailing Address **1777 S HARRISON ST**  
**PH 1**

City **DENVER** State **CO** Zip Code **80210-3925**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

**Transaction ID : SA17.174511**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2300.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**5000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NEIL DUNCAN**

Mailing Address **3421 W 16TH AVE**

City

**DENVER**

State

**CO**

Zip Code

**80204-1606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SVR CAPITAL**

Occupation

**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159303**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NEIL DUNCAN**

Mailing Address **3421 W 16TH AVE**

City

**DENVER**

State

**CO**

Zip Code

**80204-1606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SVR CAPITAL**

Occupation

**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.160161**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KARL G. DUNER**

Mailing Address **775 PINE VALLEY DR**  
**APT E**

City

**PITTSBURGH**

State

**PA**

Zip Code

**15239-2891**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CARNEGIE MELLON UNIVERSITY**

Occupation

**RESEARCH SCHOLAR**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.168629**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TERI DUNGAN**

Mailing Address 10005 HIGH HILL PL

City

GREAT FALLS

State

VA

Zip Code

22066-3542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159422**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS DUNGAN**

Mailing Address 10005 HIGH HILL PL

City

GREAT FALLS

State

VA

Zip Code

22066-3542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MANAGEMENT CONCEPTS

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159423**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. LISA M. DUNKLE SCHEFFLER M.D.**

Mailing Address 12 RICHBOROUGH RD

City

MADISON

State

CT

Zip Code

06443-2530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PROTEIN SCIENCES CORPORATION

Occupation

PHYSICIAN-SCIENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.181525**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALAN M. DUNN**

Mailing Address 3201 GARFIELD ST NW

City

WASHINGTON

State

DC

Zip Code

20008-3514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STEWART & STEWART

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.154095**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALAN M. DUNN**

Mailing Address 3201 GARFIELD ST NW

City

WASHINGTON

State

DC

Zip Code

20008-3514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STEWART & STEWART

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162358**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. DEBRA R. DUNN**

Mailing Address 3201 GARFIELD ST NW

City

WASHINGTON

State

DC

Zip Code

20008-3514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162357**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 693 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALEX DUNN**

Mailing Address **5739 E CALLE DEL PAISANO**

City	State	Zip Code
PHOENIX	AZ	85018-4624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.179011**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID LYNN DUNN**

Mailing Address **3205 GILBERT ST**

City	State	Zip Code
AUSTIN	TX	78703-2221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TX CHARTER SCHOOL ASSOCIATION**

Occupation  
**EXECUTIVE DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.168175**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID LYNN DUNN**

Mailing Address **3205 GILBERT ST**

City	State	Zip Code
AUSTIN	TX	78703-2221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TX CHARTER SCHOOL ASSOCIATION**

Occupation  
**EXECUTIVE DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.180776**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2000.00**

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MRS. DEBRA R. DUNN**

Mailing Address 3201 GARFIELD ST NW

City

WASHINGTON

State

DC

Zip Code

20008-3514

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164377**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****DORSEY DUNN**

Mailing Address 2030 HILLYER PL NW

City

WASHINGTON

State

DC

Zip Code

20009-1006

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.167041**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****DORSEY DUNN**

Mailing Address 2030 HILLYER PL NW

City

WASHINGTON

State

DC

Zip Code

20009-1006

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.172083**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

1900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DORSEY DUNN**

Mailing Address 2030 HILLYER PL NW

City

WASHINGTON

State

DC

Zip Code

20009-1006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.172085**

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DORSEY DUNN**

Mailing Address 2030 HILLYER PL NW

City

WASHINGTON

State

DC

Zip Code

20009-1006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.176716**

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DORSEY DUNN**

Mailing Address 2030 HILLYER PL NW

City

WASHINGTON

State

DC

Zip Code

20009-1006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.179550**

Date of Receipt

MM / DD / YYYY  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DORSEY DUNN**

Mailing Address 2030 HILLYER PL NW

City

WASHINGTON

State

DC

Zip Code

20009-1006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.179551**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DORSEY DUNN**

Mailing Address 2030 HILLYER PL NW

City

WASHINGTON

State

DC

Zip Code

20009-1006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.180661**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH DUNN**

Mailing Address 65 E 3RD ST  
APT F4

City

NEW YORK

State

NY

Zip Code

10003-0002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NOMURA SECURITIES INTERNATIONAL

Occupation

INVESTMENT BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158466**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 697 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**CHRISTOPHER DUNNE**

Mailing Address **401 E 89TH ST**  
**APT 9JH**

City **NEW YORK** State **NY** Zip Code **10128-6763**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.157067**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**DIANNA DUNNE**

Mailing Address **875 10TH ST NW**

City **WASHINGTON** State **DC** Zip Code **20001-5099**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MILKEN INSTITUTE**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.173295**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**MS. ELAINE DUNNELL**

Mailing Address **209 KIRKWALL ST**

City **VICTORIA** State **TX** Zip Code **77904-2765**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**960.00**

**Transaction ID : SA17.166740**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1525.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 698 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ELAINE DUNNELL**

Mailing Address 209 KIRK WALL ST

City  
VICTORIA

State  
TX

Zip Code  
77904-2765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.174023**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ELAINE DUNNELL**

Mailing Address 209 KIRK WALL ST

City  
VICTORIA

State  
TX

Zip Code  
77904-2765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.175673**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ELAINE DUNNELL**

Mailing Address 209 KIRK WALL ST

City  
VICTORIA

State  
TX

Zip Code  
77904-2765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.178187**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

160.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 699 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**REMA DUPONT**

Mailing Address 17667 CAMINO DE YATASTO

City	State	Zip Code
PACIFIC PALISADES	CA	90272-2015

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FDL DEVELOPMENT

Occupation  
FOUNDER AND CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158909**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT E. DURBAHN**

Mailing Address 9 PETERSON PL

City	State	Zip Code
NORTH OAKS	MN	55127-6201

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TRAVELERS

Occupation  
PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173069**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID DURHAM**

Mailing Address 5831 BIRCH CT

City	State	Zip Code
GREENWOOD VILLAGE	CO	80121-2164

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MCA CONNECT, LLC

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161511**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 700 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MANASSEH DURKIN**

Mailing Address 730 DUMONT DR

City

RICHARDSON

State

TX

Zip Code

75080-6003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DURKIN LLC

Occupation

GENERAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177930**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MANASSEH DURKIN**

Mailing Address 730 DUMONT DR

City

RICHARDSON

State

TX

Zip Code

75080-6003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DURKIN LLC

Occupation

GENERAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179291**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. NATALIE DURKIN**

Mailing Address 730 DUMONT DR

City

RICHARDSON

State

TX

Zip Code

75080-6003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

VENTEX BANK

Occupation

LENDING ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177924**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

750.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. NATALIE DURKIN**

Mailing Address 730 DUMONT DR

City	State	Zip Code
RICHARDSON	TX	75080-6003

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VENTEX BANK

Occupation  
LENDING ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179290**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES B. DURNIL**

Mailing Address 17110 ISLAND COVE RD

City	State	Zip Code
ARP	TX	75750-5500

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.169474**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KATHRYN A. DURNIL**

Mailing Address 17110 ISLAND COVE RD

City	State	Zip Code
ARP	TX	75750-5500

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.169473**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 702 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MICHELE T. DUROSS**

Mailing Address **23212 WESTBURY ST**

City <b>SAINT CLAIR SHORES</b>	State <b>MI</b>	Zip Code <b>48080-2579</b>
-----------------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUROSS PAINTING COMPANY**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158501**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HAROLD DURRETT**

Mailing Address **6404 GLEASON CT**

City <b>EDINA</b>	State <b>MN</b>	Zip Code <b>55436-1848</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.166882**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HAROLD DURRETT**

Mailing Address **6404 GLEASON CT**

City <b>EDINA</b>	State <b>MN</b>	Zip Code <b>55436-1848</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.167230**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2775.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 703 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HAROLD DURRETT**

Mailing Address **6404 GLEASON CT**

City	State	Zip Code
EDINA	MN	55436-1848

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.172173**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HAROLD DURRETT**

Mailing Address **6404 GLEASON CT**

City	State	Zip Code
EDINA	MN	55436-1848

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.173932**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HAROLD DURRETT**

Mailing Address **6404 GLEASON CT**

City	State	Zip Code
EDINA	MN	55436-1848

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.178189**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 704 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HAROLD DURRETT**

Mailing Address **6404 GLEASON CT**

City	State	Zip Code
EDINA	MN	55436-1848

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.179626**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANNA DUYS**

Mailing Address **1150 MADRUGA AVE**  
**APT. C103**

City	State	Zip Code
CORAL GABLES	FL	33146-2928

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GOLD COAST HOLDINGS**

Occupation  
**EXECUTIVE ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.161600**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH DVORAK**

Mailing Address **1125 S ALHAMBRA CIR**

City	State	Zip Code
CORAL GABLES	FL	33146-3711

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WORKSCAPE**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.158883**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2550.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 705 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID B. DWYER**

Mailing Address 11607 SW MILITARY RD

City	State	Zip Code
PORTLAND	OR	97219-8327

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STATE STREET**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

**Transaction ID : SA17.162235**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

450.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT S. DYER**

Mailing Address 1600 N OAK ST  
APT 306

City	State	Zip Code
ARLINGTON	VA	22209-2752

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.175684**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS V. EAGAN**

Mailing Address 4620 SANTA MARIA ST

City	State	Zip Code
CORAL GABLES	FL	33146-1133

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STEELE, HECTOR & DAVIS**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.162982**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 706 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN R. EAGLE**

Mailing Address 1925 CEDAR SPRINGS RD

City	State	Zip Code
DALLAS	TX	75201-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STAY AT HOME DAD

Occupation  
STAY AT HOME DAD

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179861**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH EASTON**

Mailing Address 5039 SENECA DR

City	State	Zip Code
DALLAS	TX	75209-2219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ISN

Occupation  
PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177931**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MONICA EASTON**

Mailing Address 5039 SENECA DR

City	State	Zip Code
DALLAS	TX	75209-2219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177926**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 707 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANK EATON**

Mailing Address **18 SANTA MARIA CT**

City

**ODESSA**

State

**TX**

Zip Code

**79765-8515**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MASTER CORPORATION**

Occupation

**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.161078**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRANK EATON**

Mailing Address **18 SANTA MARIA CT**

City

**ODESSA**

State

**TX**

Zip Code

**79765-8515**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MASTER CORPORATION**

Occupation

**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.169906**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRANK EATON**

Mailing Address **18 SANTA MARIA CT**

City

**ODESSA**

State

**TX**

Zip Code

**79765-8515**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MASTER CORPORATION**

Occupation

**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.177706**

Date of Receipt

**12 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT G. EATON**

Mailing Address 5092 HEALEY DR

City	State	Zip Code
SMYRNA	GA	30082-5066

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.165381**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT G. EATON**

Mailing Address 5092 HEALEY DR

City	State	Zip Code
SMYRNA	GA	30082-5066

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.172341**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT G. EATON**

Mailing Address 5092 HEALEY DR

City	State	Zip Code
SMYRNA	GA	30082-5066

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.178532**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. TERESA EBEL**

Mailing Address **5338 MEADOW LAKE LN**

City	State	Zip Code
<b>HOUSTON</b>	<b>TX</b>	<b>77056-4908</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.155293**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GAYLE EBY**

Mailing Address **1610 E 29TH ST**

City	State	Zip Code
<b>TULSA</b>	<b>OK</b>	<b>74114-5306</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.166707**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GAYLE EBY**

Mailing Address **1610 E 29TH ST**

City	State	Zip Code
<b>TULSA</b>	<b>OK</b>	<b>74114-5306</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.173980**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**OSCAR ECHEVARRIA**

Mailing Address **2929 SW 3RD AVE**  
**STE 512**

City **MIAMI** State **FL** Zip Code **33129-2770**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159317**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT ECKELS**

Mailing Address **8500 CYPRESSWOOD DR**  
**SUITE 202**

City **SPRING** State **TX** Zip Code **77379-7109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GRAY REED & MCCRAW**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161074**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT ECKELS**

Mailing Address **8500 CYPRESSWOOD DR**  
**SUITE 202**

City **SPRING** State **TX** Zip Code **77379-7109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GRAY REED & MCCRAW**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165235**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT ECKELS**

Mailing Address **8500 CYPRESSWOOD DR**  
**SUITE 202**

City **SPRING** State **TX** Zip Code **77379-7109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GRAY REED & MCCRAW**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.180602**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1650.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HEIDI EDDINGS**

Mailing Address **12 BUENA VIS**

City **TUSCALOOSA** State **AL** Zip Code **35404-2912**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HEIDI'S INTERIORS**

Occupation  
**INTERIOR DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173579**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES B. EDELSTEIN**

Mailing Address **219 E LAKE SHORE DR**  
**APT 8D**

City **CHICAGO** State **IL** Zip Code **60611-1333**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158493**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHIP EDGINGTON**

Mailing Address 9840 DEERING ST

City	State	Zip Code
FISHERS	IN	46037-9289

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FULL BEAUTY BRANDS**

Occupation  
**EVP OF OPERATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159188**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. PAMELA K. EDGINGTON**

Mailing Address 9840 DEERING ST

City	State	Zip Code
FISHERS	IN	46037-9289

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159179**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. CURTIS D. EDHOLM**

Mailing Address 1919 BOSTON ST SE  
APT B102

City	State	Zip Code
GRAND RAPIDS	MI	49506-4189

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.165401**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. CURTIS D. EDHOLM**

Mailing Address 1919 BOSTON ST SE  
APT B102

City State Zip Code  
GRAND RAPIDS MI 49506-4189

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.170881**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. CURTIS D. EDHOLM**

Mailing Address 1919 BOSTON ST SE  
APT B102

City State Zip Code  
GRAND RAPIDS MI 49506-4189

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.170882**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CARL A. EDLUND**

Mailing Address 1221 BELL DR

City State Zip Code  
CORTLAND NY 13045-1006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.160654**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 714 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CARL A. EDLUND**

Mailing Address 1221 BELL DR

City  
CORTLAND

State Zip Code  
NY 13045-1006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.170841**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. NORMAN EDMONSON**

Mailing Address 126 TRAYMORE LN

City  
ROSE VALLEY

State Zip Code  
PA 19063-5972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.175015**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. C. COLEMAN G. EDMUNDS**

Mailing Address 3950 WOOD AVE

City  
COCONUT GROVE

State Zip Code  
FL 33133-6429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTONATION, INC.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158224**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1525.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 715 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. EDNEY**

Mailing Address 980 SPENCER RD

City	State	Zip Code
MCLEAN	VA	22102-2122

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STEPTOE & JOHNSON LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158261**

Date of Receipt

MM / DD / YYYY  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES D. EDWARDS**

Mailing Address 4091 SPRING IS

City	State	Zip Code
OKATIE	SC	29909-4039

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174762**

Date of Receipt

MM / DD / YYYY  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. JULIA L. EDWARDS**

Mailing Address 1408 COMMUNITY LN

City	State	Zip Code
MIDLAND	TX	79701-4010

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WHITE STAR ENERGY**

Occupation  
**OIL & GAS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166587**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 716 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. EDWARDS**

Mailing Address **4525 DEAN MARTIN DR**  
**UNIT 3300**

City **LAS VEGAS** State **NV** Zip Code **89103-8122**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161216**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BEAU EGERT**

Mailing Address **108 CHARLESTON ST**

City **FRIENDSWOOD** State **TX** Zip Code **77546-4928**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ATINUM**

Occupation  
**ENERGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163130**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN E. EGUSQUIZA**

Mailing Address **9960 SW 40TH ST**

City **MIAMI** State **FL** Zip Code **33165-3944**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**260.00**

**Transaction ID : SA17.165522**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3250.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 717 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN E. EGUSQUIZA**

Mailing Address 9960 SW 40TH ST

City	State	Zip Code
MIAMI	FL	33165-3944

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.171148**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ELLIOT EICHNER**

Mailing Address 449 S BEVERLY DR  
STE 300

City	State	Zip Code
BEVERLY HILLS	CA	90212-4428

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SONNENBLICK-EICHNER COMPANY**

Occupation  
**REAL ESTATE BROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176006**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VICTORIA EIKER**

Mailing Address 11316 EARLYWOOD DR

City	State	Zip Code
DALLAS	TX	75218-1320

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE DALLAS OPERA**

Occupation  
**MARKETING MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

297.50

**Transaction ID : SA17.161097**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2825.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 718 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ERNEST EISENBERG**

Mailing Address 7221 MERIDEN LN

City

EL PASO

State

TX

Zip Code

79912-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFIC

Occupation

FINANCE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.177343**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ERNEST EISENBERG**

Mailing Address 7221 MERIDEN LN

City

EL PASO

State

TX

Zip Code

79912-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFIC

Occupation

FINANCE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.180612**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID EKLUND**

Mailing Address 15322 CORSINI WAY

City

NAPLES

State

FL

Zip Code

34110-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AEOLUS RE, LTD

Occupation

CHAIRMAN- REINSURANCE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164626**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 719 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JEANINE EKLUND**

Mailing Address 15322 CORSINI WAY

City	State	Zip Code
NAPLES	FL	34110-2708

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164625**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BILAL EKSILI**

Mailing Address 15110 ROCKDALE BRIDGE LN  
STE 1750

City	State	Zip Code
SUGAR LAND	TX	77498-5068

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TURQUOISE COUNCIL

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4700.00

**Transaction ID : SA17.150597**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BILAL EKSILI**

Mailing Address 15110 ROCKDALE BRIDGE LN  
STE 1750

City	State	Zip Code
SUGAR LAND	TX	77498-5068

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TURQUOISE COUNCIL

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4700.00

**Transaction ID : SA17.150597B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 720 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BILAL EKSILI**

Mailing Address 15110 ROCKDALE BRIDGE LN  
STE 1750

City State Zip Code  
SUGAR LAND TX 77498-5068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TURQUOISE COUNCIL

Occupation  
PRESIDENT

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4700.00

**Transaction ID : SA17.170901**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD ELDEN**

Mailing Address 2430 N LAKEVIEW AVE  
APT 11S

City State Zip Code  
CHICAGO IL 60614-2877

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157051**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. ELDER JR.**

Mailing Address 320 N MERIDIAN ST  
STE 306

City State Zip Code  
INDIANAPOLIS IN 46204-1722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHAMBER OF COMMERCE BUILDING

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161327**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 721 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MR. J. DAVID ELLER

Mailing Address 281 SE 18TH AVE

City	State	Zip Code
DEERFIELD BEACH	FL	33441-5009

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.131600**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item**B. Full Name (Last, First, Middle Initial)**

DEBORAH ELLER

Mailing Address 281 SE 18TH AVE

City	State	Zip Code
DEERFIELD BEACH	FL	33441-5009

FEC ID number of contributing federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B155536**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

MR. J. DAVID ELLER

Mailing Address 281 SE 18TH AVE

City	State	Zip Code
DEERFIELD BEACH	FL	33441-5009

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B155537**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 722 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JONATHAN ELLICHMAN**

Mailing Address **841 CHARTWELL CV**

City	State	Zip Code
MEMPHIS	TN	38120-2555

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SURGEON**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158474**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANICE ELLIG**

Mailing Address **10 GRACIE SQ**

City	State	Zip Code
NEW YORK	NY	10028-8031

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CHADICK ELLIG**

Occupation  
**EXECUTIVE SEARCH**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158962**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NICK ELLIOT**

Mailing Address **150 E END AVE**

City	State	Zip Code
NEW YORK	NY	10028-7503

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ENERGY ARBITRAGE PARTNERS**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.180636**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 723 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NICK ELLIOT**

Mailing Address 150 E END AVE

City  
NEW YORK

State Zip Code  
NY 10028-7503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENERGY ARBITRAGE PARTNERS

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.180637**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT L. ELLIOTT**

Mailing Address 138 LAKE REGION CIR

City  
WINTER HAVEN

State Zip Code  
FL 33881-9535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US DOJ

Occupation  
SR. C'NSEL TO US ATT'Y GEN. DIS.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.168041**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT L. ELLIOTT**

Mailing Address 138 LAKE REGION CIR

City  
WINTER HAVEN

State Zip Code  
FL 33881-9535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US DOJ

Occupation  
SR. C'NSEL TO US ATT'Y GEN. DIS.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.175292**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 724 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CASEY ELLISON**

Mailing Address **2858 BAYSHORE TRAILS DR**

City	State	Zip Code
TAMPA	FL	33611-5524

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EWI CONSTRUCTION**

Occupation  
**DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.158429**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES SAM ELLISON**

Mailing Address **1717 E 9TH AVE**

City	State	Zip Code
TAMPA	FL	33605-3801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EWI CONSTRUCTION**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158853**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES O. ELLIS JR.**

Mailing Address **110 COQUITO WAY**

City	State	Zip Code
PORTOLA VALLEY	CA	94028-7404

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159040**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5700.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 725 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH P. ELMLINGER**

Mailing Address **61 PECKSLAND RD**

City	State	Zip Code
<b>GREENWICH</b>	<b>CT</b>	<b>06831-3647</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IM PARTNERS**

Occupation  
**MANAGING PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177430**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNE EMBLAD**

Mailing Address **805 MARINA BLVD**

City	State	Zip Code
<b>SAN FRANCISCO</b>	<b>CA</b>	<b>94123-1024</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUFFALO TOURS**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161568**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. JARYN EMHOF**

Mailing Address **5250 OCHLOCKNEE RD**

City	State	Zip Code
<b>TALLAHASSEE</b>	<b>FL</b>	<b>32303-8209</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EXCELINED**

Occupation  
**COMMUNICATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.172513**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5650.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 726 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. MARK EMMERT**

Mailing Address **6730 SPIRIT LAKE DR**  
**UNIT 302**

City **INDIANAPOLIS** State **IN** Zip Code **46220-7135**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NCAA**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163277**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KENNETH M. ENDELSON**

Mailing Address **7027 VALENCIA DR**

City **BOCA RATON** State **FL** Zip Code **33433-7405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KENCO COMMUNITIES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172958**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. J. CURTIS ENGLER**

Mailing Address **24 LORENZO LN**

City **SAINT LOUIS** State **MO** Zip Code **63124-1904**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RISK CONSULTING PARTNERS**

Occupation  
**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.161224**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 727 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD ENGLISH**

Mailing Address PSC 903

City	State	Zip Code
FPO	AE	09859-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KBR

Occupation  
QA MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

775.00

**Transaction ID : SA17.170233**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JINYOUNG LEE ENGLUND**

Mailing Address 181 E REED AVE  
APT 103

City	State	Zip Code
ALEXANDRIA	VA	22305-3170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2730.00

**Transaction ID : SA17.151489**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JINYOUNG LEE ENGLUND**

Mailing Address 181 E REED AVE  
APT 103

City	State	Zip Code
ALEXANDRIA	VA	22305-3170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2730.00

**Transaction ID : SA17.151489B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-30.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 728 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JINYOUNG LEE ENGLUND**

Mailing Address **181 E REED AVE**  
**APT 103**

City **ALEXANDRIA** State **VA** Zip Code **22305-3170**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTING**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2730.00**

**Transaction ID : SA17.166114**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**30.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ALAN K. ENGSTROM**

Mailing Address **5744 DELOACHE AVE**

City **DALLAS** State **TX** Zip Code **75225-3001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.166627**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ALAN K. ENGSTROM**

Mailing Address **5744 DELOACHE AVE**

City **DALLAS** State **TX** Zip Code **75225-3001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.166627B**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional).....

**2700.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 729 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ALAN K. ENGSTROM**

Mailing Address **5744 DELOACHE AVE**

City	State	Zip Code
DALLAS	TX	75225-3001

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.174096**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. RANDALL R. ENGSTROM**

Mailing Address **5744 DELOACHE AVE**

City	State	Zip Code
DALLAS	TX	75225-3001

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DARR EQUIPMENT COMPANY**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.166637**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RANDALL R. ENGSTROM**

Mailing Address **5744 DELOACHE AVE**

City	State	Zip Code
DALLAS	TX	75225-3001

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DARR EQUIPMENT COMPANY**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.166637B**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**2700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 730 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RANDALL R. ENGSTROM**

Mailing Address **5744 DELOACHE AVE**

City	State	Zip Code
DALLAS	TX	75225-3001

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DARR EQUIPMENT COMPANY**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.168676**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN ENOCHS**

Mailing Address **125 HOMEWOOD AVE**

City	State	Zip Code
LIBERTYVILLE	IL	60048-2121

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE JOINT COMMISSION**

Occupation  
**EVP, BD & MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3200.00**

**Transaction ID : SA17.175301**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN ENOCHS**

Mailing Address **125 HOMEWOOD AVE**

City	State	Zip Code
LIBERTYVILLE	IL	60048-2121

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE JOINT COMMISSION**

Occupation  
**EVP, BD & MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3200.00**

**Transaction ID : SA17.177234**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**Subtotal Of Receipts This Page** (optional).....

**500.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CRAIG ENOCH**

Mailing Address 2614 MARIA ANNA RD

City	State	Zip Code
AUSTIN	TX	78703-1656

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ENOCH KEVER PLLC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175941**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GLORIA ERDMANN**

Mailing Address 700 SUNSET DR

City	State	Zip Code
CORAL GABLES	FL	33143-6239

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.164476**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN F. ERDMANN**

Mailing Address 2 NATHAN HALE DR

City	State	Zip Code
NORWALK	CT	06854-5004

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MERRILL LYNCH**

Occupation  
**INVESTMENT ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170673**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 732 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WARREN ERDMAN**

Mailing Address 5340 WARD PKWY

City

KANSAS CITY

State

MO

Zip Code

64112-2369

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KANSAS CITY SOUTHERN

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.175904**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. ANNETTE ERMSHAR**

Mailing Address 2400 MISSION ST

City

SAN MARINO

State

CA

Zip Code

91108-1632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DR. ANNETTE ERMSHAR

Occupation

NEUROPSYCHOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175894**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JACK ERSKINE**

Mailing Address 1200 BARTON CREEK BLVD  
APT 23

City

AUSTIN

State

TX

Zip Code

78735-1612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

K&L GATES

Occupation

ADMINISTRATIVE PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160579**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 733 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARGARITA ESCUDERO**

Mailing Address 34 GOODWIN DR

City	State	Zip Code
EL PASO	TX	79902-2221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177900**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL ESCUE**

Mailing Address 290 MULBERRY ST  
APT 9

City	State	Zip Code
NEW YORK	NY	10012-3382

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SULLIVAN & CROMWELL LLP

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157066**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM A. ESHENBAUGH**

Mailing Address 12029 HAZEN AVE

City	State	Zip Code
THONOTOSASSA	FL	33592-2822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ESHENBAUGH LAND COMPANY

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158658**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 734 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LORENZO ESPARZA**

Mailing Address 1806 THE STRAND

City	State	Zip Code
MANHATTAN BEACH	CA	90266-4527

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JP MORGAN SECURITIES**

Occupation  
**EXECUTIVE DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175891**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROMULO A. ESPINOSA**

Mailing Address 8201 SW 78TH ST

City	State	Zip Code
MIAMI	FL	33143-3810

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**COCONUT GROVE LAUNDRY & CLEANERS**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.171170**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

175.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN E. ESTES**

Mailing Address 18 ELM ROCK RD

City	State	Zip Code
BRONXVILLE	NY	10708-4203

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163020**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5575.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 735 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JERONIMO M. ESTEVE**

Mailing Address 70 LEUCADENDRA DR

City	State	Zip Code
CORAL GABLES	FL	33156-2326

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HEADQUARTER TOYOTA**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172955**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. YAZMIN ESTEVE**

Mailing Address 70 LEUCADENDRA DR

City	State	Zip Code
CORAL GABLES	FL	33156-2326

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172940**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANNE ESTRADA**

Mailing Address 502 SAN VICENTE BLVD  
UNIT 301

City	State	Zip Code
SANTA MONICA	CA	90402-1834

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161578**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5900.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 736 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PAUL E. ESTRIDGE JR.**

Mailing Address 15747 OAK RD

City	State	Zip Code
CARMEL	IN	46033-9476

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ESTRIDGE HOMES

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158528**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JAMES ETTER**

Mailing Address 120 TAM O SHANTER DR

City	State	Zip Code
BLYTHEWOOD	SC	29016-9456

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ELEMENT TV COMPANY, LP

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171058**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ALEXANDER EVANS**

Mailing Address 620 5TH AVE  
FL 6

City	State	Zip Code
NEW YORK	NY	10020-2402

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ATAIROS MANAGEMENT

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167269**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 737 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EVAN WILSON EVANS**

Mailing Address 631A CESSNA AVE

City

FRIDAY HARBOR

State

WA

Zip Code

98250-9145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171748**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EVAN WILSON EVANS**

Mailing Address 631A CESSNA AVE

City

FRIDAY HARBOR

State

WA

Zip Code

98250-9145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171749**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH W. EVANS**

Mailing Address 4270 W CLUB LN NE

City

ATLANTA

State

GA

Zip Code

30319-1140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STATE BANK FINANCIAL CORPORATION

Occupation

CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165785**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 738 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH W. EVANS**

Mailing Address 4270 W CLUB LN NE

City	State	Zip Code
ATLANTA	GA	30319-1140

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STATE BANK FINANCIAL CORPORATION**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165785B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. RAENA EVANS**

Mailing Address 4270 W CLUB LN NE

City	State	Zip Code
ATLANTA	GA	30319-1140

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166146**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. RENEE M. EVANS**

Mailing Address 14925 E BLUFF RD

City	State	Zip Code
ALPHARETTA	GA	30004-3161

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRAVEL MANAGEMENT SERVICES**

Occupation  
**TRAVEL PROFESSIONAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168543**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 739 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MR. ROBERT BRADFORD EVANS**

Mailing Address **791 PARK AVE**  
**APT 7B**

City **NEW YORK** State **NY** Zip Code **10021-3512**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MORGAN STANLEY**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168551**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**MR. STEVE L. EVANS**

Mailing Address **3920 BOBBIN BROOK CIR**

City **TALLAHASSEE** State **FL** Zip Code **32312-1255**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.174590**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**MR. DANIEL W. EVERETT II**

Mailing Address **498 LIBERTY WAY**

City **LAKE DALLAS** State **TX** Zip Code **75065-3499**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**D.E.C.**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159014**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

**5500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 740 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DANIEL W. EVERETT II**

Mailing Address 498 LIBERTY WAY

City	State	Zip Code
LAKE DALLAS	TX	75065-3499

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D.E.C.

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159014B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. KELLY EVERETT**

Mailing Address 498 LIBERTY WAY

City	State	Zip Code
LAKE DALLAS	TX	75065-3499

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159276**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item  
REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. CHASE EWALD**

Mailing Address 264 TACONIC RD

City	State	Zip Code
GREENWICH	CT	06831-3143

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161192**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 741 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ITCHKO EZRATTI**

Mailing Address 12717 W SUNRISE BLVD  
# 415

City State Zip Code  
SUNRISE FL 33323-0902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GL HOMES OF FLORIDA

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174946**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN EZZO**

Mailing Address 19862 WESTCHESTER DR

City State Zip Code  
CLINTON TWP MI 48038-6417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161660**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ERIC FABRIKANT**

Mailing Address 6685 SHEFFIELD LN

City State Zip Code  
MIAMI BEACH FL 33141-4534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SEACOR

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158641**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

7400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 742 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ALEXANDRA FISHER FABRIKANT**

Mailing Address 6685 SHEFFIELD LN

City	State	Zip Code
MIAMI BEACH	FL	33141-4534

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158642**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. ERIC FABRIKANT**

Mailing Address 6685 SHEFFIELD LN

City	State	Zip Code
MIAMI BEACH	FL	33141-4534

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SEACOR

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158641B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. LYNDA WOLFSON FADEL**

Mailing Address 1018 SUMMIT DR

City	State	Zip Code
BEVERLY HILLS	CA	90210-2815

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.160110**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 743 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LYNDA WOLFSON FADEL**

Mailing Address 1018 SUMMIT DR

City

BEVERLY HILLS

State

CA

Zip Code

90210-2815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.177585**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOEL S. FAGEN**

Mailing Address 606 N HUDSON ST

City

ARLINGTON

State

VA

Zip Code

22201-2045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FOX NEWS CHANNEL

Occupation

SATELLITE OPERATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164648**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AMY FAHRENKEPF**

Mailing Address 100 7TH ST.  
APT. 1008

City

PITTSBURGH

State

PA

Zip Code

15222-3420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HIGHMARK

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169034**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 744 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN T. FAIRBANK**

Mailing Address **223 N GUADALUPE ST**  
**# 476**

City **SANTA FE** State **NM** Zip Code **87501-1868**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.168552**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN T. FAIRBANK**

Mailing Address **223 N GUADALUPE ST**  
**# 476**

City **SANTA FE** State **NM** Zip Code **87501-1868**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.176392**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRED FAIRFIELD**

Mailing Address **P.O. BOX 255719**

City **BOSTON** State **MA** Zip Code **02125-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE CANTON CORP**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**260.00**

**Transaction ID : SA17.160931**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**225.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 745 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRED FAIRFIELD**

Mailing Address P.O. BOX 255719

City	State	Zip Code
BOSTON	MA	02125-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE CANTON CORP**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.162716**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRED FAIRFIELD**

Mailing Address P.O. BOX 255719

City	State	Zip Code
BOSTON	MA	02125-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE CANTON CORP**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.179381**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRENT FAISON**

Mailing Address 1311 CINCINNATI AVE

City	State	Zip Code
PANAMA CITY	FL	32401-1346

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NAI TALCOR**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.169798**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2035.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 746 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. MICHAEL FALK**

Mailing Address 600 TARPON WAY

City

PALM BEACH

State

FL

Zip Code

33480-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMVEST GROUP

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157036**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. MICHAEL B. FALK**

Mailing Address PO BOX 11491

City

SALT LAKE CITY

State

UT

Zip Code

84147-0491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEWMARK GRUBB ACRES

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.141888**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**MR. MICHAEL B. FALK**

Mailing Address PO BOX 11491

City

SALT LAKE CITY

State

UT

Zip Code

84147-0491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEWMARK GRUBB ACRES

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.141888B**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

1000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 747 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL B. FALK**

Mailing Address PO BOX 11491

City

SALT LAKE CITY

State

UT

Zip Code

84147-0491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEWMARK GRUBB ACRES

Occupation

PRESIDENT

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162905**

Date of Receipt

**10** / **19** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**KELLY FANCHER**

Mailing Address 5690 DTC BLVD  
STE 570

City

GREENWOOD VILLAGE

State

CO

Zip Code

80111-3232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FANCHER RESOURCES, LLC

Occupation

LAWYER

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159454**

Date of Receipt

**10** / **16** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL FANCHER**

Mailing Address 61 JACKSON ST

City

DENVER

State

CO

Zip Code

80206-5583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ICONIC INVESTMENTS

Occupation

REAL ESTATE DEVELOPER

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159455**

Date of Receipt

**10** / **16** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 748 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. XIAORUI FANG**

Mailing Address 725 N FARING RD

City

LOS ANGELES

State

CA

Zip Code

90077-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICHAEL YOUNG DESIGN INC.

Occupation

DESIGNER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177438**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS A. FANNING**

Mailing Address 30 IVAN ALLEN JR BLVD NW  
STE 1501

City

ATLANTA

State

GA

Zip Code

30308-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTHERN COMPANY

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178982**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BURTON D. FARBMAN**

Mailing Address 27272 W 14 MILE RD

City

FRANKLIN

State

MI

Zip Code

48025-1773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FARBMAN GROUP

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165450**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH FARHAT**

Mailing Address 469 CALIFORNIA TER

City

PASADENA

State

CA

Zip Code

91105-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

**Transaction ID : SA17.160764**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ERNIE A. FARHAT**

Mailing Address 5840 UPLANDER WAY  
STE 100

City

CULVER CITY

State

CA

Zip Code

90230-6655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SANJO INVESTMENTS

Occupation

REAL ESTATE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162920**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATHRYN FARLEY**

Mailing Address 4801 LARKSPUR LN

City

EDINA

State

MN

Zip Code

55435-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE TRAVELERS COMPANIES, INC.

Occupation

INVESTMENT ANALYST

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168162**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEVIN FARO**

Mailing Address PO BOX 1116

City

CAMPBELL

State

CA

Zip Code

95009-1116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FARO AVIATION

Occupation

PRESIDENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.173125**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FRANK J. FARRINGTON**

Mailing Address PO BOX 885

City

BANGOR

State

ME

Zip Code

04402-0885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

LIFE INSURANCE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171177**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LANELLE FARRIS**

Mailing Address 137 KENDALL PKWY

City

BOERNE

State

TX

Zip Code

78015-8329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.180899**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LAURA F. FARRIOR**

Mailing Address 1815 BAYSHORE BLVD

City	State	Zip Code
TAMPA	FL	33606-3210

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FERMAN AUTOMOTIVE MANAGEMENT**

Occupation  
**DIRECTOR OF PHILANTHROPY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.173259**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PRESTON L. FARRIOR**

Mailing Address 1815 BAYSHORE BLVD

City	State	Zip Code
TAMPA	FL	33606-3210

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FERMAN MANAGEMENT SERVICES**

Occupation  
**VP OPERATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.173270**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ERIC C. FAST**

Mailing Address 29 HILLSIDE RD

City	State	Zip Code
GREENWICH	CT	06830-4834

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.158421**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS L. FAULKNER**

Mailing Address 5310 YORKTOWN BLVD

City	State	Zip Code
ARLINGTON	VA	22207-1529

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LEATHERSTOCKING LLC**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

**Transaction ID : SA17.157536**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS L. FAULKNER**

Mailing Address 5310 YORKTOWN BLVD

City	State	Zip Code
ARLINGTON	VA	22207-1529

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LEATHERSTOCKING LLC**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

**Transaction ID : SA17.174365**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATE FAUNTLEROY**

Mailing Address 1395 DANIELSON RD

City	State	Zip Code
SANTA BARBARA	CA	93108-2874

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.157352**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 753 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KATE FAUNTLEROY**

Mailing Address 1395 DANIELSON RD

City	State	Zip Code
SANTA BARBARA	CA	93108-2874

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.170112**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATE FAUNTLEROY**

Mailing Address 1395 DANIELSON RD

City	State	Zip Code
SANTA BARBARA	CA	93108-2874

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.177786**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MIKE FAUSSET**

Mailing Address 50 MERLIN CT

City	State	Zip Code
LAFAYETTE	IN	47905-9689

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**VITAL THERAPIES**

Occupation  
**CLINICAL SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.166842**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MIKE FAUSSET**

Mailing Address 50 MERLIN CT

City

LAFAYETTE

State

IN

Zip Code

47905-9689

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VITAL THERAPIES

Occupation  
CLINICAL SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.173908**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MIKE FAUSSET**

Mailing Address 50 MERLIN CT

City

LAFAYETTE

State

IN

Zip Code

47905-9689

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VITAL THERAPIES

Occupation  
CLINICAL SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.178192**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PETE FAUST**

Mailing Address 1044 LYERLY RIDGE RD NW

City

CONCORD

State

NC

Zip Code

28027-9402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LANE CAPITAL

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.164546**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PETE FAUST**

Mailing Address 1044 LYERLY RIDGE RD NW

City	State	Zip Code
CONCORD	NC	28027-9402

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LANE CAPITAL

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.164547**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PETE FAUST**

Mailing Address 1044 LYERLY RIDGE RD NW

City	State	Zip Code
CONCORD	NC	28027-9402

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LANE CAPITAL

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.171982**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PETE FAUST**

Mailing Address 1044 LYERLY RIDGE RD NW

City	State	Zip Code
CONCORD	NC	28027-9402

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LANE CAPITAL

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.180638**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES FAY**

Mailing Address 850 CRESTON RD

City

BERKELEY

State

CA

Zip Code

94708-1532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167127**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES FAY**

Mailing Address 850 CRESTON RD

City

BERKELEY

State

CA

Zip Code

94708-1532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172054**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES FAY**

Mailing Address 850 CRESTON RD

City

BERKELEY

State

CA

Zip Code

94708-1532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179534**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 757 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FRANCESCO F. FAZI**

Mailing Address **1464 YORKTOWN ST**

City	State	Zip Code
GROSSE POINTE WOODS	MI	48236-1038

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**F. D. BERARDINO TILE INC.**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161361**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. YVONNE LIME FEDDERSON**

Mailing Address **6135 E MCDONALD DR**

City	State	Zip Code
PARADISE VALLEY	AZ	85253-5222

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CHLDHELP**

Occupation  
**CO-FOUNDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.162067**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE FEENEY**

Mailing Address **3869 UNION CT**

City	State	Zip Code
WHEAT RIDGE	CO	80033-3882

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TAG RESTAURANT GROUP**

Occupation  
**FACILITIES MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158916**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 758 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN FEHSENFELD**

Mailing Address PO BOX 35200

City  
LAS VEGAS

State Zip Code  
NV 89133-5200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.171822**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT FEIGENBAUM**

Mailing Address 339 AVALON DR

City  
SOUTH SAN FRANCISCO

State Zip Code  
CA 94080-5604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COVENANT AVIATION SECURITY

Occupation  
TRANSPORTATION SECURITY OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.179866**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HARRY FEIGLESON**

Mailing Address 11450 ASBURY CIR  
APT 403

City  
SOLOMONS

State Zip Code  
MD 20688-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.163848**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 759 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HARRY FEIGLESON**

Mailing Address 11450 ASBURY CIR  
APT 403

City State Zip Code  
SOLOMONS MD 20688-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.165555**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HARRY FEIGLESON**

Mailing Address 11450 ASBURY CIR  
APT 403

City State Zip Code  
SOLOMONS MD 20688-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.168936**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HARRY FEIGLESON**

Mailing Address 11450 ASBURY CIR  
APT 403

City State Zip Code  
SOLOMONS MD 20688-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.171554**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 760 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HARRY FEIGLESON**

Mailing Address 11450 ASBURY CIR  
APT 403

City State Zip Code  
SOLOMONS MD 20688-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.173355**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HARRY FEIGLESON**

Mailing Address 11450 ASBURY CIR  
APT 403

City State Zip Code  
SOLOMONS MD 20688-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.175205**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HARRY FEIGLESON**

Mailing Address 11450 ASBURY CIR  
APT 403

City State Zip Code  
SOLOMONS MD 20688-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.178831**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 761 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN FELDHAUS**

Mailing Address 6656 RIDGEWOOD DR

City  
NAPLES

State Zip Code  
FL 34108-8229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FELDHAUS LAW GROUP, P. C.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.163603**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN FELDHAUS**

Mailing Address 6656 RIDGEWOOD DR

City  
NAPLES

State Zip Code  
FL 34108-8229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FELDHAUS LAW GROUP, P. C.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.168806**

Date of Receipt

M M / D D / Y Y Y Y  
11 10 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN FELDHAUS**

Mailing Address 6656 RIDGEWOOD DR

City  
NAPLES

State Zip Code  
FL 34108-8229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FELDHAUS LAW GROUP, P. C.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.171941**

Date of Receipt

M M / D D / Y Y Y Y  
11 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 762 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN FELDHAUS**

Mailing Address 6656 RIDGEWOOD DR

City  
NAPLES

State Zip Code  
FL 34108-8229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FELDHAUS LAW GROUP, P. C.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.174143**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN FELDHAUS**

Mailing Address 6656 RIDGEWOOD DR

City  
NAPLES

State Zip Code  
FL 34108-8229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FELDHAUS LAW GROUP, P. C.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.175151**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN FELDHAUS**

Mailing Address 6656 RIDGEWOOD DR

City  
NAPLES

State Zip Code  
FL 34108-8229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FELDHAUS LAW GROUP, P. C.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.176737**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 763 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN FELDHAUS**

Mailing Address **6656 RIDGEWOOD DR**

City  
**NAPLES**

State  
**FL**

Zip Code  
**34108-8229**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FELDHAUS LAW GROUP, P. C.**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.180833**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOE FELDMAN**

Mailing Address **1301 N ASTOR ST**

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60610-2113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.163778**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LENNY P. FELDMAN**

Mailing Address **20630 NE 22ND PL**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33180-1325**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SANDLER, TRAVIS & ROSENBERG**

Occupation  
**LAWYER/CONSULTANT/ACTIVIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**255.00**

**Transaction ID : SA17.162691**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**175.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LENNY P. FELDMAN**

Mailing Address 20630 NE 22ND PL

City	State	Zip Code
MIAMI	FL	33180-1325

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SANDLER, TRAVIS & ROSENBERG**

Occupation  
**LAWYER/CONSULTANT/ACTIVIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.163601**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LENNY P. FELDMAN**

Mailing Address 20630 NE 22ND PL

City	State	Zip Code
MIAMI	FL	33180-1325

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SANDLER, TRAVIS & ROSENBERG**

Occupation  
**LAWYER/CONSULTANT/ACTIVIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.167407**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LENNY P. FELDMAN**

Mailing Address 20630 NE 22ND PL

City	State	Zip Code
MIAMI	FL	33180-1325

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SANDLER, TRAVIS & ROSENBERG**

Occupation  
**LAWYER/CONSULTANT/ACTIVIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.169239**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 765 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LENNY P. FELDMAN**

Mailing Address 20630 NE 22ND PL

City  
MIAMI

State Zip Code  
FL 33180-1325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SANDLER, TRAVIS & ROSENBERG

Occupation  
LAWYER/CONSULTANT/ACTIVIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.175426**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LENNY P. FELDMAN**

Mailing Address 20630 NE 22ND PL

City  
MIAMI

State Zip Code  
FL 33180-1325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SANDLER, TRAVIS & ROSENBERG

Occupation  
LAWYER/CONSULTANT/ACTIVIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.176199**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LENNY P. FELDMAN**

Mailing Address 20630 NE 22ND PL

City  
MIAMI

State Zip Code  
FL 33180-1325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SANDLER, TRAVIS & ROSENBERG

Occupation  
LAWYER/CONSULTANT/ACTIVIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.177190**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

55.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARLA S. FELDMAN**

Mailing Address **660 MOHEGAN ST**

City

**BIRMINGHAM**

State

**MI**

Zip Code

**48009-5689**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**FELDMAN AUTOMOTIVE**

Occupation

**AUTO DEALER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161776**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PAUL L. FELDMAN**

Mailing Address **3 WORCESTER PL**

City

**DURHAM**

State

**NC**

Zip Code

**27707-5712**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INTARCIA THERAPEUTICS, INC.**

Occupation

**SCIENTIFIC MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.165457**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CARL FELLBAUM**

Mailing Address **623 ELIZABETH RD**

City

**SAN ANTONIO**

State

**TX**

Zip Code

**78209-6134**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TOUCHSTONE**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172935**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 767 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KELLY FELLBAUM**

Mailing Address 623 ELIZABETH RD

City

SAN ANTONIO

State

TX

Zip Code

78209-6134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172933**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DENISE FELTES**

Mailing Address 1012 HAWTHORNE LN

City

GENEVA

State

IL

Zip Code

60134-3014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172623**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICK FELTES**

Mailing Address 1012 HAWTHORNE LN

City

GENEVA

State

IL

Zip Code

60134-3014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172624**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 768 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ZHEN HUI FENG**

Mailing Address 9725 FACTORIAL WAY

City	State	Zip Code
SOUTH EL MONTE	CA	91733-1724

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HONG KONG REALTY MANAGEMENT**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176017**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DEBORAH J. FERBER**

Mailing Address 1406 CONWAY ISLE CIR

City	State	Zip Code
BELLE ISLE	FL	32809-3598

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158867**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LESLIE FERGUSON-DIETZ**

Mailing Address 26 EGRET WAY

City	State	Zip Code
MILL VALLEY	CA	94941-3270

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159162**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BG MICHAEL L. FERGUSON (RET.)**

Mailing Address 25 W GOVERNMENT ST

City	State	Zip Code
PENSACOLA	FL	32502-5813

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MCDONALD FLEMING MOOREHEAD**

Occupation  
**COUNSEL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1550.00

**Transaction ID : SA17.157260**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES L. FERMAN JR.**

Mailing Address 1306 W KENNEDY BLVD

City	State	Zip Code
TAMPA	FL	33606-1849

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FERMAN MOTOR CAR COMPANY**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158849**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FRED ANDREW FERN**

Mailing Address 50023 RIDGE VIEW WAY

City	State	Zip Code
PALM DESERT	CA	92260-6779

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTMENT ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174487**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 770 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID FERNANDEZ**

Mailing Address 1900 N 47TH ST

City	State	Zip Code
MCALLEN	TX	78501-2058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176011**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN P. FERRANDO**

Mailing Address 2873 NE 35TH CT

City	State	Zip Code
FT LAUDERDALE	FL	33308-5815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
AUTONATION, INC.	CORP EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157645**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KATHRYN L. FERRANDO**

Mailing Address 2873 NE 35TH CT

City	State	Zip Code
FT LAUDERDALE	FL	33308-5815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157644**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 771 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANTONIA FERRE**

Mailing Address 521 S MASHTA DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-1732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172494**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAMILA FERRE**

Mailing Address 521 S MASHTA DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-1732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172496**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ISABELLA FERRE**

Mailing Address 521 S MASHTA DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-1732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172497**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 772 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOE FERRERO**

Mailing Address 701 MARINA BLVD

City	State	Zip Code
SAN FRANCISCO	CA	94123-1023

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ZENDESK**

Occupation  
**ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.160772**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARIA DOLORES FERRE**

Mailing Address 521 S MASHTA DR

City	State	Zip Code
KEY BISCAYNE	FL	33149-1732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172493**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MAURICE EDUARDO FERRE JR.**

Mailing Address 521 S MASHTA DR

City	State	Zip Code
KEY BISCAYNE	FL	33149-1732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172495**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 773 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOAN FERRILL**

Mailing Address 2001 FORT DR

City	State	Zip Code
ALEXANDRIA	VA	22307-1133

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STRATHMOORE CO**

Occupation  
**TREASURER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162623**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN FERRILL**

Mailing Address 518 RAMO RD

City	State	Zip Code
LONGVIEW	TX	75604-9432

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PCS**

Occupation  
**CORROSION CONTROL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.180896**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARIO FERRO SR.**

Mailing Address 9451 JOURNEYS END RD

City	State	Zip Code
CORAL GABLES	FL	33156-2200

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.176014**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

7950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ELENA FERRO**

Mailing Address 9451 JOURNEYS END RD

City	State	Zip Code
CORAL GABLES	FL	33156-2200

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.176018**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. MARIO FERRO SR.**

Mailing Address 9451 JOURNEYS END RD

City	State	Zip Code
CORAL GABLES	FL	33156-2200

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.176014B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2500.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY FESKO**

Mailing Address 818 KILLARNEY DR

City	State	Zip Code
DYER	IN	46311-3702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FESKO DEVELOPMENT &  
CONSTRUCTION

Occupation  
CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157277**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 775 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS FEY**

Mailing Address 606 WHITE OAK DR

City  
OXFORD

State Zip Code  
OH 45056-9276

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R N FEY COMPANY INC

Occupation  
INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172206**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEB FIDDELKE**

Mailing Address 221 N VINCENNES CIR

City  
RACINE

State Zip Code  
WI 53402-3656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SC JOHNSON

Occupation  
COMMUNICATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164316**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICK FIEDLER**

Mailing Address 5037 MERITA PL

City  
LA CANADA

State Zip Code  
CA 91011-3643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FIEDLER GROUP

Occupation  
CIVIL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174548**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 776 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HENRY W. FIELDS**

Mailing Address 2115 -1ST AVE SE

City	State	Zip Code
CEDAR RAPIDS,	IA	52402-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.157970**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HENRY W. FIELDS**

Mailing Address 2115 -1ST AVE SE

City	State	Zip Code
CEDAR RAPIDS,	IA	52402-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.165326**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HENRY W. FIELDS**

Mailing Address 2115 -1ST AVE SE

City	State	Zip Code
CEDAR RAPIDS,	IA	52402-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.166037**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 777 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HENRY W. FIELDS**

Mailing Address 2115 -1ST AVE SE

City	State	Zip Code
CEDAR RAPIDS,	IA	52402-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.166245**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HENRY W. FIELDS**

Mailing Address 2115 -1ST AVE SE

City	State	Zip Code
CEDAR RAPIDS,	IA	52402-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.173160**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HENRY W. FIELDS**

Mailing Address 2115 -1ST AVE SE

City	State	Zip Code
CEDAR RAPIDS,	IA	52402-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.174168**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 778 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HENRY W. FIELDS**

Mailing Address 2115 -1ST AVE SE

City	State	Zip Code
CEDAR RAPIDS,	IA	52402-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.174847**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HENRY W. FIELDS**

Mailing Address 2115 -1ST AVE SE

City	State	Zip Code
CEDAR RAPIDS,	IA	52402-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.176270**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HENRY W. FIELDS**

Mailing Address 2115 -1ST AVE SE

City	State	Zip Code
CEDAR RAPIDS,	IA	52402-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.178462**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 779 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LAWRENCE FIELD**

Mailing Address 433 N CAMDEN DR  
STE 820

City State Zip Code  
BEVERLY HILLS CA 90210-4412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NSB ASSOCIATES, INC.

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157338**

Date of Receipt

M M / D D / Y Y Y Y  
10 06 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES E. FIENNING**

Mailing Address 5 PATHFINDER DR

City State Zip Code  
SUMTER SC 29150-3135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUMTER PACKAGING CORPORATION

Occupation  
ADVISOR TO THE CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

301.00

**Transaction ID : SA17.164094**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES E. FIENNING**

Mailing Address 5 PATHFINDER DR

City State Zip Code  
SUMTER SC 29150-3135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUMTER PACKAGING CORPORATION

Occupation  
ADVISOR TO THE CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

301.00

**Transaction ID : SA17.166067**

Date of Receipt

M M / D D / Y Y Y Y  
11 05 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1026.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 780 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES E. FIENNING**

Mailing Address 5 PATHFINDER DR

City

SUMTER

State

SC

Zip Code

29150-3135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUMTER PACKAGING CORPORATION

Occupation

ADVISOR TO THE CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

301.00

**Transaction ID : SA17.167505**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES E. FIENNING**

Mailing Address 5 PATHFINDER DR

City

SUMTER

State

SC

Zip Code

29150-3135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUMTER PACKAGING CORPORATION

Occupation

ADVISOR TO THE CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

301.00

**Transaction ID : SA17.173401**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES E. FIENNING**

Mailing Address 5 PATHFINDER DR

City

SUMTER

State

SC

Zip Code

29150-3135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUMTER PACKAGING CORPORATION

Occupation

ADVISOR TO THE CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

301.00

**Transaction ID : SA17.176480**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 781 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES E. FIENNING**

Mailing Address 5 PATHFINDER DR

City

SUMTER

State

SC

Zip Code

29150-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUMTER PACKAGING CORPORATION

Occupation

ADVISOR TO THE CEO

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

301.00

**Transaction ID : SA17.179867**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CARLOS FIERRO**

Mailing Address 4400 GARFIELD ST NW

City

WASHINGTON

State

DC

Zip Code

20007-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162784**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARIA F. FIGAROLA**

Mailing Address 12120 SW 69TH PL

City

MIAMI

State

FL

Zip Code

33156-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158850**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 782 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN FIKANY**

Mailing Address 1000 TOWN CTR  
STE 2000

City SOUTHFIELD State MI Zip Code 48075-1236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MICROSOFT

Occupation  
VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161554**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. AMY FINDLAY**

Mailing Address 2550 N LAKEVIEW AVE  
UNIT S2101

City CHICAGO State IL Zip Code 60614-8367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162840**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CAMERON FINDLAY**

Mailing Address 2550 N LAKEVIEW AVE  
UNIT S2101

City CHICAGO State IL Zip Code 60614-8367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ADM

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162841**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 783 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAN FINK**

Mailing Address **415 S MESA HILLS DR**  
**APT 1011**

City **EL PASO** State **TX** Zip Code **79912-5473**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TENET HEALTHCARE**

Occupation  
**ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175583**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. DEIRDRE FINN**

Mailing Address **PO BOX 6925**

City **TALLAHASSEE** State **FL** Zip Code **32314-6925**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.155467**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. DEIRDRE FINN**

Mailing Address **PO BOX 6925**

City **TALLAHASSEE** State **FL** Zip Code **32314-6925**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178072**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREW FINNAN**

Mailing Address 2234 W GRACE ST

City

RICHMOND

State

VA

Zip Code

23220-2012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.164274**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW FINNAN**

Mailing Address 2234 W GRACE ST

City

RICHMOND

State

VA

Zip Code

23220-2012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

**Transaction ID : SA17.167676**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL F. FINNANE**

Mailing Address 46300 AMETHYST DR

City

INDIAN WELLS

State

CA

Zip Code

92210-8611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

660.00

**Transaction ID : SA17.173448**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

155.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 785 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DANIEL F. FINNANE**

Mailing Address 46300 AMETHYST DR

City	State	Zip Code
INDIAN WELLS	CA	92210-8611

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

660.00

**Transaction ID : SA17.173831**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWARD W. FINNEGAN**

Mailing Address 6801 DE PAUL CV

City	State	Zip Code
AUSTIN	TX	78723-2223

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161774**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARTIN FINNEGAN**

Mailing Address 2130 AUGUSTA DR

City	State	Zip Code
VERMILLION	SD	57069-3464

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166107**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 786 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.158335**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.160784**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.161556**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

60.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.165297**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.165500**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.166946**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City

PALO ALTO

State

CA

Zip Code

94302-0538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.168750**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City

PALO ALTO

State

CA

Zip Code

94302-0538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.172058**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City

PALO ALTO

State

CA

Zip Code

94302-0538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.172325**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.173129**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.174121**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.175758**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.177718**

Date of Receipt

**12 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.179869**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS ROSEMARY E. FINNERTY**

Mailing Address PO BOX 538

City	State	Zip Code
PALO ALTO	CA	94302-0538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : SA17.181763**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

60.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SAMMIE FINNEGAN**

Mailing Address 1063 SAN RAMON DR

City	State	Zip Code
CHICO	CA	95973-1026

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171720**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SAMMIE FINNEGAN**

Mailing Address 1063 SAN RAMON DR

City	State	Zip Code
CHICO	CA	95973-1026

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174993**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SHARI FINSILVER**

Mailing Address 4854 MANDALE CT

City	State	Zip Code
ORCHARD LAKE	MI	48324-2248

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160072**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STANLEY H. FINSILVER**

Mailing Address **4854 MANDALE CT**

City State Zip Code  
**ORCHARD LAKE MI 48324-2248**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FRIEDMAN INTEGRATED REAL ESTATE**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.160073**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. T. MARTIN FIORENTINO III**

Mailing Address **1024 SW 7TH AVE  
APT 202**

City State Zip Code  
**GAINESVILLE FL 32601-1346**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.170535**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. LEONAS FIRME**

Mailing Address **408 VEADA AVE**

City State Zip Code  
**RIDGECREST CA 93555-6001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.162650**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**1500.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LEONAS FIRME**

Mailing Address 408 VEADA AVE

City	State	Zip Code
RIDGECREST	CA	93555-6001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.167155**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LEONAS FIRME**

Mailing Address 408 VEADA AVE

City	State	Zip Code
RIDGECREST	CA	93555-6001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.168564**

Date of Receipt

**11 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LEONAS FIRME**

Mailing Address 408 VEADA AVE

City	State	Zip Code
RIDGECREST	CA	93555-6001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.170691**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LEONAS FIRME**

Mailing Address 408 VEADA AVE

City	State	Zip Code
RIDGECREST	CA	93555-6001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.171907**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LEONAS FIRME**

Mailing Address 408 VEADA AVE

City	State	Zip Code
RIDGECREST	CA	93555-6001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.174532**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HARRISON FISCHER**

Mailing Address 36 WAMPUS LAKE DR.

City	State	Zip Code
ARMONK	NY	10504-1119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MERRILL LYNCH**

Occupation  
**PMD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168996**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HOWARD FISCHER**

Mailing Address **36 WAMPUS LAKE DR**

City	State	Zip Code
ARMONK	NY	10504-1119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BASSO CAPITAL MANAGEMENT**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166061**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LORNA M. FISH**

Mailing Address **3 W PICKERING BND**

City	State	Zip Code
RICHBORO	PA	18954-1540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**900.00**

**Transaction ID : SA17.160664**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LORNA M. FISH**

Mailing Address **3 W PICKERING BND**

City	State	Zip Code
RICHBORO	PA	18954-1540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**900.00**

**Transaction ID : SA17.160665**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ANNE FISHER**

Mailing Address 505 S FLAGLER DR  
STE 900

City State Zip Code  
WEST PALM BEACH FL 33401-5948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157201**

Date of Receipt

M M / D D / Y Y Y Y  
10 05 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. EMILY FISHER**

Mailing Address 443 WOODMERE LN

City State Zip Code  
MEMPHIS TN 38117-3656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FAIR PROPANE & OIL COMPANY

Occupation  
ACCOUNTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166620**

Date of Receipt

M M / D D / Y Y Y Y  
11 11 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAY FISHEL**

Mailing Address 6036 RICHMOND AVE

City State Zip Code  
DALLAS TX 75206-6842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CISCO

Occupation  
DATA CENTER SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168393**

Date of Receipt

M M / D D / Y Y Y Y  
11 15 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JEROME FISHER**

Mailing Address 505 S FLAGLER DR  
STE 900

City WEST PALM BEACH State FL Zip Code 33401-5948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157200**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL FISHER**

Mailing Address 33300 FISHER DRIVE

City ST. CLAIR SHORES State MI Zip Code 48082-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FISHER DYNAMICS

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159348**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**BETH FISHER**

Mailing Address 33300 FISHER DRIVE

City ST. CLAIR SHORES State MI Zip Code 48082-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.165779**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

4000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL FISHER**

Mailing Address 33300 FISHER DRIVE

City State Zip Code  
ST. CLAIR SHORES MI 48082-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FISHER DYNAMICS

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159348B**

Date of Receipt

M M / D D / Y Y Y Y  
10 29 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. FISHER**

Mailing Address 3711 S BURLINGTON DR

City State Zip Code  
MUNCIE IN 47302-8497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BALL BROTHERS FOUNDATION

Occupation  
GRANTMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161326**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT J. FISHER**

Mailing Address 1 MARITIME PLZ  
STE 1400

City State Zip Code  
SAN FRANCISCO CA 94111-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PISCES, INC.

Occupation  
MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178998**

Date of Receipt

M M / D D / Y Y Y Y  
12 29 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SAKURAKO D. FISHER**

Mailing Address **1 MARITIME PLZ**  
**STE 1400**

City State Zip Code  
**SAN FRANCISCO CA 94111-3504**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FISHER COMM PROPERTY TRUST**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178999**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM S. FISHER**

Mailing Address **1 MARITIME PLZ**  
**STE 1400**

City State Zip Code  
**SAN FRANCISCO CA 94111-3504**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MANZANITA CAPITAL**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178996**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DANIEL FITZGERALD**

Mailing Address **2739 NECTON LAWN**

City State Zip Code  
**ROCHESTER HILLS MI 48307-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SPARTAN PAVING, INC.**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159801**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JON FITZGERALD**

Mailing Address **247 BEARWOODS RD**

City	State	Zip Code
<b>PARK RIDGE</b>	<b>NJ</b>	<b>07656-2613</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
<b>HACKENSACK UNIVERSITY MEDICAL CENTE</b>	<b>HOSPITAL ADMINISTRATOR</b>

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.172186**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL FITZGERALD**

Mailing Address **575 VINEWOOD AVE**

City	State	Zip Code
<b>BIRMINGHAM</b>	<b>MI</b>	<b>48009-3845</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
<b>AGREE REALTY</b>	<b>VP</b>

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163336**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. TAMRA FITZGERALD**

Mailing Address **1951 CRAFTON RD**

City	State	Zip Code
<b>NORTH PALM BEACH</b>	<b>FL</b>	<b>33408-2212</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
<b>VENUE MARKETING GROUP</b>	<b>PARTNER</b>

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.160188**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3725.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 801 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. TAMRA FITZGERALD**

Mailing Address 1951 CRAFTON RD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**VENUE MARKETING GROUP**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.179108**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS FITZMAURICE**

Mailing Address 34591 FAWN RIDGE PLACE

City	State	Zip Code
YUCAIPA	CA	92399-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.157089**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS FITZMAURICE**

Mailing Address 34591 FAWN RIDGE PLACE

City	State	Zip Code
YUCAIPA	CA	92399-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.165060**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

120.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 802 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS FITZMAURICE**

Mailing Address **34591 FAWN RIDGE PLACE**

City	State	Zip Code
YUCAIPA	CA	92399-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.170110**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS FITZMAURICE**

Mailing Address **34591 FAWN RIDGE PLACE**

City	State	Zip Code
YUCAIPA	CA	92399-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.170939**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS FITZMAURICE**

Mailing Address **34591 FAWN RIDGE PLACE**

City	State	Zip Code
YUCAIPA	CA	92399-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.176682**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**45.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 803 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS FITZMAURICE**

Mailing Address **34591 FAWN RIDGE PLACE**

City	State	Zip Code
YUCAIPA	CA	92399-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.177793**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS FITZMAURICE**

Mailing Address **34591 FAWN RIDGE PLACE**

City	State	Zip Code
YUCAIPA	CA	92399-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.180851**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES D. FITZPATRICK**

Mailing Address **110 W FAYETTE ST**  
**LBBY 1**

City	State	Zip Code
SYRACUSE	NY	13202-1848

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BOND, SCHOBNECK & KING**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171186**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**115.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 804 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KEVIN S. FITZPATRICK**

Mailing Address 481 WILLOW ST

City

SUGAR GROVE

State

IL

Zip Code

60554-9357

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STIFEL NICOLAUS & CO.

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158948**

Date of Receipt

MM / DD / YYYY  
10 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARLIN FITZWATER**

Mailing Address 851 CEDAR DR

City

DEALE

State

MD

Zip Code

20751-9613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.165378**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARLIN FITZWATER**

Mailing Address 851 CEDAR DR

City

DEALE

State

MD

Zip Code

20751-9613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.165416**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 805 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARLIN FITZWATER**

Mailing Address 851 CEDAR DR

City	State	Zip Code
DEALE	MD	20751-9613

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173010**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVEN FIVEL**

Mailing Address 1795 SUMMERLAKES CT

City	State	Zip Code
CARMEL	IN	46032-9680

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SIMON PROPERTY GROUP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158442**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHRISTOPHER FLACK**

Mailing Address 7212 BRYCE PT N

City	State	Zip Code
PINELLAS PARK	FL	33782-4338

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DUKE ENERGY FLORIDA

Occupation  
VP GOVERNMENT AND REGULATORY  
AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157948**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 806 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANIE FLACK**

Mailing Address 7212 BRYCE PT N

City	State	Zip Code
PINELLAS PARK	FL	33782-4338

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NORTHSIDE CHRISTIAN SCHOOL

Occupation  
ATHLETIC OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157947**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PETER FLAHERTY**

Mailing Address 8 ROCKMONT RD

City	State	Zip Code
BELMONT	MA	02478-2620

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ESPLANADE STRATEGIES

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157057**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. KIRA FLANZRAICH**

Mailing Address 10 TAHITI BEACH

City	State	Zip Code
CORAL GABLES	FL	33143-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178969**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 807 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NEIL FLANZRAICH**

Mailing Address 10 TAHITI BEACH

City	State	Zip Code
CORAL GABLES	FL	33143-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CANTEX PHARMACEUTICALS INC.

Occupation  
EXECUTIVE CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178971**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN FLAVIN**

Mailing Address 386 CORNWALL HILL RD

City	State	Zip Code
PATTERSON	NY	12563-2529

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DELPHI TECHNOLOGY, INC.

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157804**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN FLAVIN**

Mailing Address 386 CORNWALL HILL RD

City	State	Zip Code
PATTERSON	NY	12563-2529

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DELPHI TECHNOLOGY, INC.

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163972**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 808 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN FLAVIN**

Mailing Address **386 CORNWALL HILL RD**

City

**PATTERSON**

State

**NY**

Zip Code

**12563-2529**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DELPHI TECHNOLOGY, INC.**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.165583**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN FLAVIN**

Mailing Address **386 CORNWALL HILL RD**

City

**PATTERSON**

State

**NY**

Zip Code

**12563-2529**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DELPHI TECHNOLOGY, INC.**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.167482**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN FLAVIN**

Mailing Address **386 CORNWALL HILL RD**

City

**PATTERSON**

State

**NY**

Zip Code

**12563-2529**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DELPHI TECHNOLOGY, INC.**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.171598**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 809 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN FLAVIN**

Mailing Address **386 CORNWALL HILL RD**

City <b>PATTERSON</b>	State <b>NY</b>	Zip Code <b>12563-2529</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DELPHI TECHNOLOGY, INC.**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.178739**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LAUREEN FLECK**

Mailing Address **1173 HILLSBORO MILE**

City <b>HILLSBORO BEACH</b>	State <b>FL</b>	Zip Code <b>33062-1527</b>
--------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**NURSE PRACTITIONER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.157380**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LAUREEN FLECK**

Mailing Address **1173 HILLSBORO MILE**

City <b>HILLSBORO BEACH</b>	State <b>FL</b>	Zip Code <b>33062-1527</b>
--------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**NURSE PRACTITIONER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.164479**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 810 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH H. FLEITAS**

Mailing Address 18801SE RIBER RIDGE RD

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.157035**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH H. FLEITAS**

Mailing Address 18801SE RIBER RIDGE RD

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.157035B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-200.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH H. FLEITAS**

Mailing Address 18801SE RIBER RIDGE RD

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.159168**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 811 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH H. FLEITAS**

Mailing Address **18801SE RIBER RIDGE RD**

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3200.00**

**Transaction ID : SA17.162787**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH H. FLEITAS**

Mailing Address **18801SE RIBER RIDGE RD**

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3200.00**

**Transaction ID : SA17.162787B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-100.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH H. FLEITAS**

Mailing Address **18801SE RIBER RIDGE RD**

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3200.00**

**Transaction ID : SA17.166546**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 812 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**ELIZABETH H. FLEITAS**

Mailing Address 18801SE RIBER RIDGE RD

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.171250**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**ELIZABETH H. FLEITAS**

Mailing Address 18801SE RIBER RIDGE RD

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.171250B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)

**ELIZABETH H. FLEITAS**

Mailing Address 18801SE RIBER RIDGE RD

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.174097**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....

100.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 813 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH H. FLEITAS**

Mailing Address **18801SE RIBER RIDGE RD**

City	State	Zip Code
TEQUESTA	FL	33469-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3200.00**

**Transaction ID : SA17.178653**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM M. B. FLEMING JR.**

Mailing Address **1267 BARNSTAPLE CIR**

City	State	Zip Code
WELLINGTON	FL	33414-8990

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PALM BEACH ATLANTIC UNIVERSITY**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.158884**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEITH FLETCHER**

Mailing Address **14701 SW 79TH CT**

City	State	Zip Code
PALMETTO BAY	FL	33158-2023

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CITY YEAR INC**

Occupation  
**EXECUTIVE DIRECTOR AND VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.157556**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 814 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICK FLETCHER**

Mailing Address 3102 SEABOARD AVE

City	State	Zip Code
MIDLAND	TX	79705-8231

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HENRY RESOURCES LLC**

Occupation  
**SR. V.P. AND GENERAL COUNSEL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168323**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL R. FLOCK**

Mailing Address 3460 PACES VALLEY RD NW

City	State	Zip Code
ATLANTA	GA	30327-3202

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FLOCK SPECIALTY FINANCE**

Occupation  
**SPECIALTY FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162949**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANGELA FLOOD**

Mailing Address 4667 LONGSTREET LN

City	State	Zip Code
ALEXANDRIA	VA	22311-4938

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**COVE STRATEGIES**

Occupation  
**COMMUNICATIONS CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173674**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 815 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS H. GAY FLOOD**

Mailing Address **7 SAMPSON CMNS**

City	State	Zip Code
PLYMOUTH	MA	02360-8238

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.163370**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DANIEL FLORES**

Mailing Address **17107 SUMMIT HILLS DR**

City	State	Zip Code
SANTA CLARITA	CA	91387-3194

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.181596**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEANNE FLORES**

Mailing Address **17107 SUMMIT HILLS DR**

City	State	Zip Code
SANTA CLARITA	CA	91387-3194

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CEDARS-SINAI**

Occupation  
**SR. VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.170104**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 816 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JUSTINE FLOREZ**

Mailing Address 225 LANDMARK CIR

City	State	Zip Code
ORMOND BEACH	FL	32176-5725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.167791**

Date of Receipt

**10** / **16** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JUSTINE FLOREZ**

Mailing Address 225 LANDMARK CIR

City	State	Zip Code
ORMOND BEACH	FL	32176-5725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.167791B**

Date of Receipt

**11** / **18** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-50.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MRS. JUSTINE FLOREZ**

Mailing Address 225 LANDMARK CIR

City	State	Zip Code
ORMOND BEACH	FL	32176-5725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.168671**

Date of Receipt

**11** / **18** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

50.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 817 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARJORIE FLOYD**

Mailing Address 1364 LANDINGS DR

City  
SARASOTA

State Zip Code  
FL 34231-3207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STRATEGIC MARKETING RESOURCES, INC.

Occupation

MARKETING EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172950**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL FLYNN**

Mailing Address 14 CYPRESS POINT LN

City  
NEWPORT BEACH

State Zip Code  
CA 92660-5208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GIBSON DUNN & CRUTCHER

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160756**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOAN FOGARTY**

Mailing Address 192 BEACH 128TH STREET

City  
BELLE HARBOR

State Zip Code  
NY 11694-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163978**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 818 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOAN FOGARTY**

Mailing Address **192 BEACH 128TH STREET**

City <b>BELLE HARBOR</b>	State <b>NY</b>	Zip Code <b>11694-</b>
-----------------------------	--------------------	---------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.163979**

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOAN FOGARTY**

Mailing Address **192 BEACH 128TH STREET**

City <b>BELLE HARBOR</b>	State <b>NY</b>	Zip Code <b>11694-</b>
-----------------------------	--------------------	---------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.163980**

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOAN FOGARTY**

Mailing Address **192 BEACH 128TH STREET**

City <b>BELLE HARBOR</b>	State <b>NY</b>	Zip Code <b>11694-</b>
-----------------------------	--------------------	---------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.169675**

Date of Receipt

M M / D D / Y Y Y Y
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 819 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOAN FOGARTY**

Mailing Address **192 BEACH 128TH STREET**

City <b>BELLE HARBOR</b>	State <b>NY</b>	Zip Code <b>11694-</b>
-----------------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.174656**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOAN FOGARTY**

Mailing Address **192 BEACH 128TH STREET**

City <b>BELLE HARBOR</b>	State <b>NY</b>	Zip Code <b>11694-</b>
-----------------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.175562**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOAN FOGARTY**

Mailing Address **192 BEACH 128TH STREET**

City <b>BELLE HARBOR</b>	State <b>NY</b>	Zip Code <b>11694-</b>
-----------------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.175833**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 820 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN FOGARASI**

Mailing Address **63 JAENICKESTRASSE**

City	State	Zip Code
<b>BERLIN GERMANY, 14167</b>	<b>FF</b>	<b>99999-</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHN F. KENNEDY ATLANTIC FORUM**

Occupation  
**INTERNATIONAL CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**510.00**

**Transaction ID : SA17.157552**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HABBO FOKKENA**

Mailing Address **19152 QUAIL AVE**

City	State	Zip Code
<b>CLARKSVILLE</b>	<b>IA</b>	<b>50619-9216</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175799**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. APRIL H. FOLEY**

Mailing Address **45 SMITH RIDGE RD**

City	State	Zip Code
<b>SOUTH SALEM</b>	<b>NY</b>	<b>10590-1923</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.170925**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**160.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 821 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HOWARD FOLEY**

Mailing Address 3955 E VANTAGE POINTE LN

City	State	Zip Code
MERIDIAN	ID	83642-7268

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FOLEY FREEMAN PLLC

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.175801**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD FONTAINE**

Mailing Address 6342 COLUMBIA PIKE

City	State	Zip Code
FALLS CHURCH	VA	22041-1220

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CENTER FOR A NEW AMERICAN  
SECURITY

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169737**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOUG FOOTE**

Mailing Address 2017 E 9TH ST

City	State	Zip Code
CLEVELAND	OH	44115-1315

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BEECHMONT CC

Occupation  
GENERAL MANAGER/COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.164023**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 822 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOUG FOOTE**

Mailing Address 2017 E 9TH ST

City

CLEVELAND

State

OH

Zip Code

44115-1315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEECHMONT CC

Occupation

GENERAL MANAGER/COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.168097**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DOUG FOOTE**

Mailing Address 2017 E 9TH ST

City

CLEVELAND

State

OH

Zip Code

44115-1315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEECHMONT CC

Occupation

GENERAL MANAGER/COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.169683**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOUG FOOTE**

Mailing Address 2017 E 9TH ST

City

CLEVELAND

State

OH

Zip Code

44115-1315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEECHMONT CC

Occupation

GENERAL MANAGER/COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.174288**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 823 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOUG FOOTE**

Mailing Address 2017 E 9TH ST

City

CLEVELAND

State

OH

Zip Code

44115-1315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEECHMONT CC

Occupation

GENERAL MANAGER/COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.176436**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DOUG FOOTE**

Mailing Address 2017 E 9TH ST

City

CLEVELAND

State

OH

Zip Code

44115-1315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEECHMONT CC

Occupation

GENERAL MANAGER/COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.180832**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. DEANN FORBES-ERVIN**

Mailing Address 19120 RIVERSIDE DR

City

BEVERLY HILLS

State

MI

Zip Code

48025-2946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ADVERTISING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163005**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 824 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CATHERINE FORD**

Mailing Address 200 CRESCENT CT  
STE 1350

City State Zip Code  
DALLAS TX 75201-6988

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HILLTOP HOLDINGS, INC.

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162881**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ELTON FORD**

Mailing Address 19 LA LITA LN

City State Zip Code  
SANTA BARBARA CA 93105-1916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.160603**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ELTON FORD**

Mailing Address 19 LA LITA LN

City State Zip Code  
SANTA BARBARA CA 93105-1916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.163451**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2825.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 825 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ELDON FORD**

Mailing Address 19 LA LITA LN

City	State	Zip Code
SANTA BARBARA	CA	93105-1916

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.171438**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ELDON FORD**

Mailing Address 19 LA LITA LN

City	State	Zip Code
SANTA BARBARA	CA	93105-1916

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.178799**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ELDON FORD**

Mailing Address 19 LA LITA LN

City	State	Zip Code
SANTA BARBARA	CA	93105-1916

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.181605**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 826 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEORGE FORD**

Mailing Address **PO BOX 449**

City

**GREENWOOD**

State

**FL**

Zip Code

**32443-0449**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172506**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JEREMY B. FORD**

Mailing Address **200 CRESCENT CT**  
**STE 1350**

City

**DALLAS**

State

**TX**

Zip Code

**75201-6988**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HILLTOP HOLDINGS INC.**

Occupation

**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162895**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JOELLEN FORD**

Mailing Address **180 BAYBERRY RD**

City

**NEW CANAAN**

State

**CT**

Zip Code

**06840-3903**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1001.00**

**Transaction ID : SA17.157705**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3201.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 827 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JORDAN FORD**

Mailing Address **200 CRESCENT CT**  
**STE 1350**

City	State	Zip Code
DALLAS	TX	75201-6988

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DIAMOND A. FORD CORP.**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160719**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BJORN FORFANG**

Mailing Address **108 OAK ST**

City	State	Zip Code
NEW CANAAN	CT	06840-5841

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UBS**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158125**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PHIL FORHAN**

Mailing Address **2914 W CROMWELL AVE**

City	State	Zip Code
FRESNO	CA	93711-0353

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PHIL FORHAN**

Occupation  
**BUSINESSMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163198**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 828 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CHRISTINE MARCELLINO FORMAN**

Mailing Address PO BOX 292037

City	State	Zip Code
DAVIE	FL	33329-2037

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174959**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GEORGE FORSTAR**

Mailing Address 205 S BROADWAY

City	State	Zip Code
IRVINGTON	NY	10533-2529

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170771**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JOAN H. FORST**

Mailing Address 8013 LAKERIDGE DR

City	State	Zip Code
MONTGOMERY	AL	36117-5141

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165433**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KAY FORTSON**

Mailing Address 1901 SPANISH TRL

City	State	Zip Code
FORT WORTH	TX	76107-3540

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162253**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SILVIA E. FORTUN**

Mailing Address 3780 RIVIERA DR

City	State	Zip Code
CORAL GABLES	FL	33134-7196

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162091**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. FORTUNE JR.**

Mailing Address 2601 N ATLANTIC BLVD

City	State	Zip Code
FORT LAUDERDALE	FL	33308-7507

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158667**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MAX FOSE**

Mailing Address **7130 N CENTRAL AVE**

City	State	Zip Code
PHOENIX	AZ	85020-4812

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INTEGRATED WEB STRATEGIES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162056**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GREGG L. FOSTER**

Mailing Address **245 SANTA ROSA LN**

City	State	Zip Code
SANTA BARBARA	CA	93108-2613

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.135546**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GREGG L. FOSTER**

Mailing Address **245 SANTA ROSA LN**

City	State	Zip Code
SANTA BARBARA	CA	93108-2613

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.A135546**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**2700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MADELYN FOSTER**

Mailing Address **245 SANTA ROSA LN**

City	State	Zip Code
SANTA BARBARA	CA	93108-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B158405**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES R. FOSTER**

Mailing Address **5805 CLUB OAKS PLZ**

City	State	Zip Code
DALLAS	TX	75248-1116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

JAMES R FOSTER & ASSOCIATES INC.

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.153727**

Date of Receipt

**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLOTTE FOSTER**

Mailing Address **5805 CLUB OAKS PLZ**

City	State	Zip Code
DALLAS	TX	75248-1116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**60.00**

**Transaction ID : SA17.B163381**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**60.00**

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

**0.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES R. FOSTER**

Mailing Address 5805 CLUB OAKS PLZ

City	State	Zip Code
DALLAS	TX	75248-1116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JAMES R FOSTER & ASSOCIATES INC.**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B163382**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-60.00

☒ Memo Item  
**REATTRIBUTION TO SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**MRS. VALERIE P. FOUCRIER**

Mailing Address 20138 HARVARD WAY

City	State	Zip Code
RIVERSIDE	CA	92507-6612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.169171**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. VALERIE P. FOUCRIER**

Mailing Address 20138 HARVARD WAY

City	State	Zip Code
RIVERSIDE	CA	92507-6612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173510**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 833 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. VALERIE P. FOUCRIER**

Mailing Address 20138 HARVARD WAY

City	State	Zip Code
RIVERSIDE	CA	92507-6612

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.176683**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. VALERIE P. FOUCRIER**

Mailing Address 20138 HARVARD WAY

City	State	Zip Code
RIVERSIDE	CA	92507-6612

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.180504**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. FOWLER**

Mailing Address 75 WALL ST  
APT 29G

City	State	Zip Code
NEW YORK	NY	10005-3160

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.162940**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 834 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. FOWLER**

Mailing Address **75 WALL ST**  
**APT 29G**

City **NEW YORK** State **NY** Zip Code **10005-3160**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5000.00**

**Transaction ID : SA17.162940B**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2300.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. FOWLER**

Mailing Address **75 WALL ST**  
**APT 29G**

City **NEW YORK** State **NY** Zip Code **10005-3160**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5000.00**

**Transaction ID : SA17.179307**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2300.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MR. N. TROY FOWLER**

Mailing Address **1902 S WYKAGYL ST**

City **TAMPA** State **FL** Zip Code **33629-7041**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRIAD FOUNDATION, INC.**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.154130**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**0.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 835 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH PARK FOWLER**

Mailing Address 1902 S WYKAGYL ST

City	State	Zip Code
TAMPA	FL	33629-7041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRIAD FOUNDATION

Occupation  
DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.B160013**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MR. N. TROY FOWLER**

Mailing Address 1902 S WYKAGYL ST

City	State	Zip Code
TAMPA	FL	33629-7041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRIAD FOUNDATION, INC.

Occupation  
DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.A154130**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

## CONTRIBUTION

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MR. BILL C. FOX**

Mailing Address 4501 SHORELINE DR  
APT 324

City	State	Zip Code
SPRING PARK	MN	55384-9502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174465**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

## CONTRIBUTION

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 836 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BLANCA FOX**

Mailing Address 2025 RIDGE RIM ST

City

LAS VEGAS

State

NV

Zip Code

89117-7274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SECRETARY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

**Transaction ID : SA17.157997**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BLANCA FOX**

Mailing Address 2025 RIDGE RIM ST

City

LAS VEGAS

State

NV

Zip Code

89117-7274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SECRETARY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

**Transaction ID : SA17.165191**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BLANCA FOX**

Mailing Address 2025 RIDGE RIM ST

City

LAS VEGAS

State

NV

Zip Code

89117-7274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SECRETARY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

**Transaction ID : SA17.172699**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 837 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BLANCA FOX**

Mailing Address 2025 RIDGE RIM ST

City

LAS VEGAS

State

NV

Zip Code

89117-7274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SECRETARY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

**Transaction ID : SA17.175829**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA FOX**

Mailing Address 2555 N PEARL ST  
APT 1305

City

DALLAS

State

TX

Zip Code

75201-2247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SOUTHWEST AIRLINES CO.

Occupation

CHIEF COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160709**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KELLY ANN FOX**

Mailing Address 14608 AVENUE 328

City

VISALIA

State

CA

Zip Code

93292-9328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

FARMING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.156434**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 838 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD P. FOX**

Mailing Address 9861 E BLUE SKY DR

City

SCOTTSDALE

State

AZ

Zip Code

85262-8452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PINNACLE WEST CAPITAL

Occupation

DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161217**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT FOX**

Mailing Address 3304 INDEPENDENCE DR

City

DANVILLE

State

IL

Zip Code

61832-7967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.156560**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT FOX**

Mailing Address 3304 INDEPENDENCE DR

City

DANVILLE

State

IL

Zip Code

61832-7967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.165552**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 839 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT FOX**

Mailing Address 3304 INDEPENDENCE DR

City

DANVILLE

State

IL

Zip Code

61832-7967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.167268**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT FOX**

Mailing Address 3304 INDEPENDENCE DR

City

DANVILLE

State

IL

Zip Code

61832-7967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.172149**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT FOX**

Mailing Address 3304 INDEPENDENCE DR

City

DANVILLE

State

IL

Zip Code

61832-7967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.173343**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 840 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT FOX**

Mailing Address 3304 INDEPENDENCE DR

City	State	Zip Code
DANVILLE	IL	61832-7967

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.174263**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT FOX**

Mailing Address 3304 INDEPENDENCE DR

City	State	Zip Code
DANVILLE	IL	61832-7967

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.179615**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAMELA FRAME**

Mailing Address 2 ZACCHEUS MEAD LN

City	State	Zip Code
GREENWICH	CT	06831-4453

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158919**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 841 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALAN FRANCO**

Mailing Address 524 METAIRIE RD

City	State	Zip Code
METAIRIE	LA	70005-4308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MAGNOLIA MARKETING LLC**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163082**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DIANE FRANCO**

Mailing Address 524 METAIRIE RD

City	State	Zip Code
METAIRIE	LA	70005-4308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PROFESSIONAL VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163081**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH HUGH FRANCIS III**

Mailing Address 7 PRAIRIE FALCON PL

City	State	Zip Code
THE WOODLANDS	TX	77389-4444

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

655.00

**Transaction ID : SA17.156819**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH HUGH FRANCIS III**  
Mailing Address **7 PRAIRIE FALCON PL**

City State Zip Code  
**THE WOODLANDS TX 77389-4444**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**655.00**

**Transaction ID : SA17.164366**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH HUGH FRANCIS III**  
Mailing Address **7 PRAIRIE FALCON PL**

City State Zip Code  
**THE WOODLANDS TX 77389-4444**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**655.00**

**Transaction ID : SA17.166128**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DR. MAX RONY FRANCOIS**  
Mailing Address **7533 MILAN STREET**

City State Zip Code  
**CORPUS CHRISTI TX 78414-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEPARTMENT OF DEFENSE/NAVY**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1800.00**

**Transaction ID : SA17.165762**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**280.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 843 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. MAX RONY FRANCOIS**

Mailing Address 7533 MILAN STREET

City	State	Zip Code
CORPUS CHRISTI	TX	78414-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPARTMENT OF DEFENSE/NAVY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

**Transaction ID : SA17.170790**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. MAX RONY FRANCOIS**

Mailing Address 7533 MILAN STREET

City	State	Zip Code
CORPUS CHRISTI	TX	78414-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPARTMENT OF DEFENSE/NAVY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

**Transaction ID : SA17.171388**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. MAX RONY FRANCOIS**

Mailing Address 7533 MILAN STREET

City	State	Zip Code
CORPUS CHRISTI	TX	78414-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPARTMENT OF DEFENSE/NAVY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

**Transaction ID : SA17.174294**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 844 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. MAX RONY FRANCOIS**

Mailing Address 7533 MILAN STREET

City	State	Zip Code
CORPUS CHRISTI	TX	78414-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPARTMENT OF DEFENSE/NAVY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

**Transaction ID : SA17.176512**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. MAX RONY FRANCOIS**

Mailing Address 7533 MILAN STREET

City	State	Zip Code
CORPUS CHRISTI	TX	78414-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPARTMENT OF DEFENSE/NAVY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

**Transaction ID : SA17.178463**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. MAX RONY FRANCOIS**

Mailing Address 7533 MILAN STREET

City	State	Zip Code
CORPUS CHRISTI	TX	78414-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPARTMENT OF DEFENSE/NAVY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

**Transaction ID : SA17.180729**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 845 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TINA FRANCIS**

Mailing Address 7022 FLACCUS RD

City

PITTSBURGH

State

PA

Zip Code

15202-1933

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165752**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GREGORY FRANDSEN**

Mailing Address 16 N MALLARD RD

City

SAINT PAUL

State

MN

Zip Code

55127-2503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INDUSTRIAL NETTING

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173489**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. DONNA FRANGUL**

Mailing Address 203 S PECK RD

City

GENEVA

State

IL

Zip Code

60134-3980

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158995**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 846 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WESSIEM FRANGUL**

Mailing Address 203 S PECK RD

City	State	Zip Code
GENEVA	IL	60134-3980

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SUNTRUST ROBINSON HUMPHREY**

Occupation  
**BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158996**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HANK FRANKLIN**

Mailing Address 108 HIGHLAND DR

City	State	Zip Code
HOUSTON	MS	38851-2423

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FRANKLIN CORP.**

Occupation  
**FURNITURE MANUFACTURING  
MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173267**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HARRY ANDREW FRANKMAN**

Mailing Address 80 S 8TH ST  
STE 2000

City	State	Zip Code
MINNEAPOLIS	MN	55402-2119

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FRANKMAN LAW OFFICES**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173490**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 847 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HASSELL H. FRANKLIN**

Mailing Address 203 SUSAN DR

City	State	Zip Code
HOUSTON	MS	38851-2420

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FRANKLING CORPORATION**

Occupation  
**CEO MANUFACTURING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174768**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. HELEN E. FRANKLIN**

Mailing Address 5260 S LANDINGS DR  
APT 706

City	State	Zip Code
FORT MYERS	FL	33919-4676

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.178948**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JACQUELYN FRANKE**

Mailing Address 4201 BAYSHORE BLVD  
UNIT 301

City	State	Zip Code
TAMPA	FL	33611-1628

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.158638**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 848 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH FRANK**

Mailing Address 205 W 86TH ST  
APT 811

City State Zip Code  
NEW YORK NY 10024-3344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SHEARMAN & STERLING LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175358**

Date of Receipt

M M / D D / Y Y Y Y  
12 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARY BETH FRANKLIN**

Mailing Address 113 LITTLE JOHN LN

City State Zip Code  
STARKVILLE MS 39759-3838

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173266**

Date of Receipt

M M / D D / Y Y Y Y  
12 03 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS S. FRANKE**

Mailing Address 4201 BAYSHORE BLVD  
UNIT 301

City State Zip Code  
TAMPA FL 33611-1628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RAYMOND JAMES

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.158664**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 849 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JERRY FRANZEN**

Mailing Address 8007 MEADOWCREST DRIVE

City	State	Zip Code
HOUSTON	TX	77063-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SPIRIT OF TEXAS BANK

Occupation  
CHIEF CREDIT OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162258**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENDAYI FRAZER**

Mailing Address 2601 GADSBY PL

City	State	Zip Code
ALEXANDRIA	VA	22311-4928

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
50VENTURES

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161143**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WAYNE FRAZIOR**

Mailing Address PO BOX 925

City	State	Zip Code
CAMP WOOD	TX	78833-0925

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.159528**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 850 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WAYNE FRAZIOR**

Mailing Address PO BOX 925

City

CAMP WOOD

State

TX

Zip Code

78833-0925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.168646**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WAYNE FRAZIOR**

Mailing Address PO BOX 925

City

CAMP WOOD

State

TX

Zip Code

78833-0925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.177022**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER FRECH**

Mailing Address 1653 FITZGERALD LN

City

ALEXANDRIA

State

VA

Zip Code

22302-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMERGENT BIOSOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164248**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 851 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROL FREDERICK**

Mailing Address 19525 MAYAN ST

City	State	Zip Code
SUGARLOAF KEY	FL	33042-3142

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FDLE

Occupation  
RAC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.157680**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROL FREDERICK**

Mailing Address 19525 MAYAN ST

City	State	Zip Code
SUGARLOAF KEY	FL	33042-3142

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FDLE

Occupation  
RAC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.157711**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAROL FREDERICK**

Mailing Address 19525 MAYAN ST

City	State	Zip Code
SUGARLOAF KEY	FL	33042-3142

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FDLE

Occupation  
RAC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.163571**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 852 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROL FREDERICK**

Mailing Address 19525 MAYAN ST

City	State	Zip Code
SUGARLOAF KEY	FL	33042-3142

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FDLE

Occupation  
RAC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.171480**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROL FREDERICK**

Mailing Address 19525 MAYAN ST

City	State	Zip Code
SUGARLOAF KEY	FL	33042-3142

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FDLE

Occupation  
RAC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.178784**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICHARD FREDERICK**

Mailing Address 5912 JANE WAY

City	State	Zip Code
ALEXANDRIA	VA	22310-1204

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.165614**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 853 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD FREDERICK**

Mailing Address 5912 JANE WAY

City

ALEXANDRIA

State

VA

Zip Code

22310-1204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.169119**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD FREDERICK**

Mailing Address 5912 JANE WAY

City

ALEXANDRIA

State

VA

Zip Code

22310-1204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.176601**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOUGLAS FREE**

Mailing Address 2517 W SUNSET DR

City

TAMPA

State

FL

Zip Code

33629-5338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CLEARWELL GROUP

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157042**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 854 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. COREY FREEDMAN**

Mailing Address 7007 PEMBERTON DR

City	State	Zip Code
DALLAS	TX	75230-4261

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CORE CAPITAL GROUP, LLC

Occupation  
REAL ESTATE INVESTMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169493**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ERNA S. FREEMAN**

Mailing Address 11350 WOODSTOCK RD  
OFC

City	State	Zip Code
ROSWELL	GA	30075-7529

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.158816**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. MICHAEL J. FREMGEN**

Mailing Address 38 W. 286 FERSON WOODS DR.

City	State	Zip Code
ST. CHARLES	IL	60175-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FOX VALLEY FAMILY PHYSICIANS

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158532**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 855 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MRS. MARCIA FULLER FRENCH**

Mailing Address 27 VALLEY RIDGE RD

City	State	Zip Code
FORT WORTH	TX	76107-3110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166370**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**MR. DAVID G. FREY**

Mailing Address 40 PEARL ST NW  
STE 420

City	State	Zip Code
GRAND RAPIDS	MI	49503-3027

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FREY FOUNDATION

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166130**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**MR. JOSEPH A. FRICK**

Mailing Address 339 3RD AVE N

City	State	Zip Code
NAPLES	FL	34102-8409

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DIVERSIFIED SEARCH

Occupation  
EXECUTIVE VICE CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173041**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 856 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. BETHELLEN FRIEDMAN**

Mailing Address PO BOX 452

City	State	Zip Code
NEW VERNON	NJ	07976-0452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PSYCHOTHERAPIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.170057**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CAROLE FRIEDRICH**

Mailing Address 25548 FOUNTAIN GLEN CT  
APT 323

City	State	Zip Code
VALENCIA	CA	91381-0777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.00

**Transaction ID : SA17.156451**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CAROLE FRIEDRICH**

Mailing Address 25548 FOUNTAIN GLEN CT  
APT 323

City	State	Zip Code
VALENCIA	CA	91381-0777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.00

**Transaction ID : SA17.162663**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2520.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 857 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.164440**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.165499**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.167227**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 858 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.168017**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.168745**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.169535**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**125.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 859 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.170940**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.171913**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.176074**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**60.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 860 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLE FRIEDRICH**

Mailing Address **25548 FOUNTAIN GLEN CT**  
**APT 323**

City **VALENCIA** State **CA** Zip Code **91381-0777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**495.00**

**Transaction ID : SA17.178464**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID FRIEDMAN**

Mailing Address **6971 HAWK WOODS CT**

City **WEST BLOOMFIELD** State **MI** Zip Code **48322-4568**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FRIEDMAN INTEGRATED REAL ESTATE**

Occupation  
**PRESIDENT & C.E.O.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.161268**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY P. FRIEDEN**

Mailing Address **135 EMERALD BAY**

City **LAGUNA BEACH** State **CA** Zip Code **92651-1254**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AUCTION.COM**

Occupation  
**EXECUTIVE CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174517**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

REFUNDED \$5,400.00 ON 11/23/2015

**Subtotal Of Receipts This Page (optional)**.....

**7925.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 861 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH L. FRIEDMAN**

Mailing Address PO BOX 452

City	State	Zip Code
NEW VERNON	NJ	07976-0452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALLEN MANAGEMENT INC.

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.170071**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MARY FRIEDRICH**

Mailing Address 2 FAIRFAX CT  
APT 1

City	State	Zip Code
CHEVY CHASE	MD	20815-6561

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THOMSON REUTERS

Occupation  
CORPORATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.173178**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN L. FRIEDMAN**

Mailing Address 30 S 17TH ST

City	State	Zip Code
PHILADELPHIA	PA	19103-4001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUANE MORRIS LLP

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167293**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5450.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 862 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN L. FRIEDMAN SR.**

Mailing Address 2850 S OCEAN BLVD

City

PALM BEACH

State

FL

Zip Code

33480-5500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.157108**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. TERRI L. FRIEDMAN**

Mailing Address 6971 HAWK WOODS CT

City

WEST BLOOMFIELD

State

MI

Zip Code

48322-4568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.161225**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOYCE FRIERSON WRIGHT**

Mailing Address 320 HOLLY AVE

City

GOOSE CREEK

State

SC

Zip Code

29445-3009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167026**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 863 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**JOYCE FRIERSON WRIGHT**

Mailing Address 320 HOLLY AVE

City	State	Zip Code
GOOSE CREEK	SC	29445-3009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172225**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JOYCE FRIERSON WRIGHT**

Mailing Address 320 HOLLY AVE

City	State	Zip Code
GOOSE CREEK	SC	29445-3009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179667**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. DEBRA FRIESENHAHN**

Mailing Address 4680 CRYSTAL CREEK DR.

City	State	Zip Code
PLANO	TX	75024-6843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169494**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2800.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 864 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. AL FRINK**

Mailing Address **6 PINNACLE PT**

City	State	Zip Code
<b>NEWPORT COAST</b>	<b>CA</b>	<b>92657-1548</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DENBEE PROPERTIES, LLC**

Occupation  
**MANAGING PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159044**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TIM FRITTS**

Mailing Address **109 DARROWSBY PL**

City	State	Zip Code
<b>MADISON</b>	<b>MS</b>	<b>39110-7434</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MS COLLEGE**

Occupation  
**ASSISTANT DIRECTOR OF  
DEVELOPMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174744**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. TRACY FRITTS**

Mailing Address **109 DARROWSBY PL**

City	State	Zip Code
<b>MADISON</b>	<b>MS</b>	<b>39110-7434</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ST. DOMINIC HOSPITAL**

Occupation  
**DIETITIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174742**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**7100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 865 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL T. FROETSCHER**

Mailing Address 26708 N 90TH DR

City	State	Zip Code
PEORIA	AZ	85383-3799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PINNACLE WEST CAPITAL CORPORATION**

Occupation  
**SENIOR VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162071**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**KEVIN FROMER**

Mailing Address 4825 QUEBEC ST NW

City	State	Zip Code
WASHINGTON	DC	20016-3228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HSBC NORTH AMERICA**

Occupation  
**EVP PUBLIC POLICY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173143**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. KIMBERLY FROST**

Mailing Address 10150 DOUGLAS AVE

City	State	Zip Code
PLAINWELL	MI	49080-9662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GREAT LAKES MARKETING SERVICES  
INC.**

Occupation  
**MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.156851**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 866 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KIMBERLY FROST**

Mailing Address 10150 DOUGLAS AVE

City	State	Zip Code
PLAINWELL	MI	49080-9662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREAT LAKES MARKETING SERVICES INC.

Occupation  
MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.156851B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MRS. KIMBERLY FROST**

Mailing Address 10150 DOUGLAS AVE

City	State	Zip Code
PLAINWELL	MI	49080-9662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREAT LAKES MARKETING SERVICES  
INC.

Occupation  
MANAGEMENT

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174105**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item  
REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT G. FRUCHT**

Mailing Address 33 CEDAR RD

City	State	Zip Code
EAST NORTHPORT	NY	11731-4031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RIKER DANZIG

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177409**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 867 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH B. FRUMKIN**

Mailing Address **125 BROAD ST**  
**FL 36TH**

City **NEW YORK** State **NY** Zip Code **10004-2400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158243**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LOIS L. FRY**

Mailing Address **698 VILLAGE DR**

City **POMPANO BEACH** State **FL** Zip Code **33060-7767**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.160615**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LOIS L. FRY**

Mailing Address **698 VILLAGE DR**

City **POMPANO BEACH** State **FL** Zip Code **33060-7767**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.171840**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 868 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PEDRO JOSE FUENTES-CID**

Mailing Address 905 BRICKELL BAY DR  
APT 1527

City State Zip Code  
MIAMI FL 33131-2927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.165516**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. PEDRO JOSE FUENTES-CID**

Mailing Address 905 BRICKELL BAY DR  
APT 1527

City State Zip Code  
MIAMI FL 33131-2927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.172102**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. PEDRO JOSE FUENTES-CID**

Mailing Address 905 BRICKELL BAY DR  
APT 1527

City State Zip Code  
MIAMI FL 33131-2927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.173309**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

250.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 869 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PEDRO JOSE FUENTES-CID**

Mailing Address 905 BRICKELL BAY DR  
APT 1527

City State Zip Code  
MIAMI FL 33131-2927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.176241**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. CLINT FUHRMAN**

Mailing Address 1011 1ST ST SE  
APT 1201

City State Zip Code  
WASHINGTON DC 20003-5351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAXIMUS

Occupation  
VP, HEALTH SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163259**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. CLINT FUHRMAN**

Mailing Address 1011 1ST ST SE  
APT 1201

City State Zip Code  
WASHINGTON DC 20003-5351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAXIMUS

Occupation  
VP, HEALTH SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173589**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

900.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 870 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALLEN FULLER**

Mailing Address 550 BRAINARD CIR

City

LAFAYETTE

State

CO

Zip Code

80026-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158419**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MELANIE FULLER**

Mailing Address 550 BRAINARD CIR

City

LAFAYETTE

State

CO

Zip Code

80026-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158418**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SAMUEL FULLER**

Mailing Address 40 CONTENTMENT ISLAND RD

City

DARIEN

State

CT

Zip Code

06820-6211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FULLER DEVELOPMENT, LLC

Occupation

PRESIDENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159069**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 871 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARILYN FULTON**

Mailing Address 1000 GLORIETTA BLVD

City	State	Zip Code
CORONADO	CA	92118-2308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.167225**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MARILYN FULTON**

Mailing Address 1000 GLORIETTA BLVD

City	State	Zip Code
CORONADO	CA	92118-2308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.176676**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH FUNK**

Mailing Address 682 DILL RD

City	State	Zip Code
SEVERNA PARK	MD	21146-4120

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168288**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 872 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSEPH FUNK**

Mailing Address **682 DILL RD**

City

**SEVERNA PARK**

State

**MD**

Zip Code

**21146-4120**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175543**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MATTHEW FURMAN**

Mailing Address **255 W 84TH ST**

City

**NEW YORK**

State

**NY**

Zip Code

**10024-4321**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**WILLIS GROUP**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169671**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ANN B. FURROW**

Mailing Address **5300 TURTLE POINT LN**

City

**KNOXVILLE**

State

**TN**

Zip Code

**37919-9339**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**UNIVERSITY OF TN GOLF TEAM**

Occupation

**ASSISTANT COACH**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.158583**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 873 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. EVANGELINE B. FUSSCAS**

Mailing Address **249 LINDEN ST**

City	State	Zip Code
<b>MANCHESTER</b>	<b>NH</b>	<b>03104-3319</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.171816**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DR. HARVEY A. GABERT**

Mailing Address **4724 SOUTHSORE DR**

City	State	Zip Code
<b>METAIRIE</b>	<b>LA</b>	<b>70002-1433</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**L.S.U.H.S.C.**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.163358**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DR. HARVEY A. GABERT**

Mailing Address **4724 SOUTHSORE DR**

City	State	Zip Code
<b>METAIRIE</b>	<b>LA</b>	<b>70002-1433</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**L.S.U.H.S.C.**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.174479**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**350.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 874 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JACABO A. GADALA-MARIA**  
Mailing Address 4975 SW 80TH ST

City State Zip Code  
MIAMI FL 33143-6043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VNIMAR FINANCIAL SERVICES

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173528**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 04 / 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. KRIS GADDE**  
Mailing Address 3274 LOCKETT TRCE

City State Zip Code  
DULUTH GA 30097-5013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALLIED INFORMATICS, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170562**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DR. SAILAJA GADDE**  
Mailing Address 3274 LOCKETT TRCE

City State Zip Code  
DULUTH GA 30097-5013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTH SIDE HOSPITAL

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170560**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2500.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 875 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**REP. MATTHEW L. GAETZ II**

Mailing Address 301 BROOKS ST SE

City	State	Zip Code
FORT WALTON BEACH	FL	32548-7234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLORIDA

Occupation  
STATE REPRESENTATIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.173093**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEVIN GAGE**

Mailing Address 29 SOUNDVIEW FARM

City	State	Zip Code
WESTON	CT	06883-2636

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STAMFORD HEALTH

Occupation  
CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.160810**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEVIN GAGE**

Mailing Address 29 SOUNDVIEW FARM

City	State	Zip Code
WESTON	CT	06883-2636

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STAMFORD HEALTH

Occupation  
CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167091**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 876 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIMOTHY GAGE**

Mailing Address 1345 VINTAGE CLUB DR

City	State	Zip Code
DULUTH	GA	30097-5953

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMCAST

Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168278**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW GAGLIO**

Mailing Address 66496 HARVEST RDG

City	State	Zip Code
WASHINGTON	MI	48095-1923

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
M.O.D. INTERIORS

Occupation  
ARCHITECTURAL MILLWORK

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160044**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAMELA GAGLIO**

Mailing Address RIVER REACH CONDOMINIUMS; 1301 RIV  
APT 114

City	State	Zip Code
FORT LAUDERDALE	FL	33315-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

663.00

**Transaction ID : SA17.158938**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 877 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAMELA GAGLIO**

Mailing Address **RIVER REACH CONDOMINIUMS; 1301 RIV**  
**APT 114**

City State Zip Code  
**FORT LAUDERDALE FL 33315-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**663.00**

**Transaction ID : SA17.168269**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAMELA GAGLIO**

Mailing Address **RIVER REACH CONDOMINIUMS; 1301 RIV**  
**APT 114**

City State Zip Code  
**FORT LAUDERDALE FL 33315-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**663.00**

**Transaction ID : SA17.175602**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE GAINES**

Mailing Address **PO BOX 150**

City State Zip Code  
**PHILO CA 95466-0150**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**496.00**

**Transaction ID : SA17.156449**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**60.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 878 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE GAINES**

Mailing Address PO BOX 150

City

PHILO

State

CA

Zip Code

95466-0150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

496.00

**Transaction ID : SA17.163430**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE GAINES**

Mailing Address PO BOX 150

City

PHILO

State

CA

Zip Code

95466-0150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

496.00

**Transaction ID : SA17.166189**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE GAINES**

Mailing Address PO BOX 150

City

PHILO

State

CA

Zip Code

95466-0150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

496.00

**Transaction ID : SA17.168768**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

51.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 879 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE GAINES**

Mailing Address PO BOX 150

City  
PHILO

State  
CA

Zip Code  
95466-0150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.00

**Transaction ID : SA17.169158**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE GAINES**

Mailing Address PO BOX 150

City  
PHILO

State  
CA

Zip Code  
95466-0150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.00

**Transaction ID : SA17.171916**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE GAINES**

Mailing Address PO BOX 150

City  
PHILO

State  
CA

Zip Code  
95466-0150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.00

**Transaction ID : SA17.174125**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 880 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE GAINES**

Mailing Address PO BOX 150

City	State	Zip Code
PHILO	CA	95466-0150

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.00

**Transaction ID : SA17.176087**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE GAINES**

Mailing Address PO BOX 150

City	State	Zip Code
PHILO	CA	95466-0150

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.00

**Transaction ID : SA17.178348**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JAN GAINER**

Mailing Address 720 W BEACH DR

City	State	Zip Code
PANAMA CITY	FL	32401-2320

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.173562**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2010.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 881 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT F. GAINES**

Mailing Address 630 WILHAGGIN DR

City  
SACRAMENTO

State Zip Code  
CA 95864-7209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INSURANCE ASSOCIATES OF SACRAMENTO

Occupation  
INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173251**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILIP GALBO**

Mailing Address 2342 ATLANTIC AVE

City  
BROOKLYN

State Zip Code  
NY 11233-3535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AIN REALTY, LLC

Occupation  
REAL ESTATE INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161683**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES M. GALBRAITH**

Mailing Address 4151 LAKEWOOD DR

City  
WATERFORD

State Zip Code  
MI 48329-3846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LAUTREC LTD

Occupation  
REAL ESTATE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160075**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 882 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DIANE GALE**

Mailing Address 16 LLOYD HAVEN DR

City  
HUNTINGTON

State Zip Code  
NY 11743-1044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161985**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVE GALLAGHER**

Mailing Address 82 COLONIAL DR

City  
NEWTOWN

State Zip Code  
PA 18940-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARVEST FRC, INC

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155288**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEVIN GALLAGHER**

Mailing Address 2500 CLARENDON BLVD  
APT 720

City  
ARLINGTON

State Zip Code  
VA 22201-3831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WILMER CUTLER PICKERING HALE AND  
DORR

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158029**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 883 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEVIN GALLAGHER**

Mailing Address **2500 CLARENDON BLVD**  
**APT 720**

City **ARLINGTON** State **VA** Zip Code **22201-3831**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **WILMER CUTLER PICKERING HALE AND DO** Occupation **ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.163329**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL L. GALLAGHER**

Mailing Address **2575 E CAMELBACK RD**

City **PHOENIX** State **AZ** Zip Code **85016-4240**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **GALLAGHER & KENNEDY** Occupation **ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.162065**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SUSAN GALLAGHER**

Mailing Address **8 WEDGEWOOD CT**

City **BELLE MEAD** State **NJ** Zip Code **08502-5536**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160069**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 884 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS P. GALLAGHER**

Mailing Address **8 WEDGEWOOD CT**

City	State	Zip Code
<b>BELLE MEAD</b>	<b>NJ</b>	<b>08502-5536</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIAMI INTERNATIONAL HOLDINGS, INC.**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160079**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ALICE F. GALLION**

Mailing Address **5595 LEYDEN ST**

City	State	Zip Code
<b>COMMERCE CITY</b>	<b>CO</b>	<b>80022-4340</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.160635**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ALICE F. GALLION**

Mailing Address **5595 LEYDEN ST**

City	State	Zip Code
<b>COMMERCE CITY</b>	<b>CO</b>	<b>80022-4340</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.172340**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**2850.00**

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 885 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID A. GALLIHER**

Mailing Address 2500 W BERWYN RD

City  
**MUNCIE**

State Zip Code  
**IN 47304-5113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174505**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEVIN GALLIGAN**

Mailing Address 155 E 38TH ST

City  
**NEW YORK**

State Zip Code  
**NY 10016-2660**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159380**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER GALLO**

Mailing Address 1278 GLENNEYRE ST  
# 412

City  
**LAGUNA BEACH**

State Zip Code  
**CA 92651-3103**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUILDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161574**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 886 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. JOHN T. GALLO**

Mailing Address 4438 CHIPPEWA DR

City

JACKSONVILLE

State

FL

Zip Code

32210-6007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

XADAIR TECHNOLOGIES, INC.

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.158276**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SAM M. GALLOWAY JR.**

Mailing Address PO BOX 70

City

FORT MYERS

State

FL

Zip Code

33902-0070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FORD MOTORS

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177908**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. VIVIAN GALLO**

Mailing Address 4438 CHIPPEWA DR

City

JACKSONVILLE

State

FL

Zip Code

32210-6007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HALIFAX HEALTH

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.158274**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARIANNE S. GALT**

Mailing Address 312 GAY AVE

City

SAINT LOUIS

State

MO

Zip Code

63105-3624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157264**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. WILLIAM S. GALVANO**

Mailing Address 1808 97TH ST NW

City

BRADENTON

State

FL

Zip Code

34209-8112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DISTRICT 26

Occupation

STATE SENATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173011**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH GAMBERALE**

Mailing Address 4581 WESTON RD  
APT 377

City

WESTON

State

FL

Zip Code

33331-3141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.178994**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 888 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**IVAN GAMBOA**

Mailing Address **5680 GARLAND LN**

City

**GREENDALE**

State

**WI**

Zip Code

**53129-1507**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TRI CITY NATIONAL BANK**

Occupation

**BANKER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**525.00**

**Transaction ID : SA17.166536**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SUMIT GANGULI**

Mailing Address **23 SWEETWATER DR**

City

**BELLE MEAD**

State

**NJ**

Zip Code

**08502-5132**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**GAVS TECHNOLOGIES**

Occupation

**CEO**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175085**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address **6940 EDGEVALE RD**

City

**KANSAS CITY**

State

**MO**

Zip Code

**64113-2031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**728.00**

**Transaction ID : SA17.158956**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3201.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address 6940 EDGEVALE RD

City

KANSAS CITY

State

MO

Zip Code

64113-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

728.00

**Transaction ID : SA17.162805**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address 6940 EDGEVALE RD

City

KANSAS CITY

State

MO

Zip Code

64113-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

728.00

**Transaction ID : SA17.168297**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address 6940 EDGEVALE RD

City

KANSAS CITY

State

MO

Zip Code

64113-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

728.00

**Transaction ID : SA17.168959**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

201.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 890 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address 6940 EDGEVALE RD

City

KANSAS CITY

State

MO

Zip Code

64113-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

728.00

**Transaction ID : SA17.170186**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address 6940 EDGEVALE RD

City

KANSAS CITY

State

MO

Zip Code

64113-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

728.00

**Transaction ID : SA17.171334**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address 6940 EDGEVALE RD

City

KANSAS CITY

State

MO

Zip Code

64113-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

728.00

**Transaction ID : SA17.174187**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 891 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address 6940 EDGEVALE RD

City

KANSAS CITY

State

MO

Zip Code

64113-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

728.00

**Transaction ID : SA17.175550**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address 6940 EDGEVALE RD

City

KANSAS CITY

State

MO

Zip Code

64113-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

728.00

**Transaction ID : SA17.176352**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BLANCHE M. GANGWERE**

Mailing Address 6940 EDGEVALE RD

City

KANSAS CITY

State

MO

Zip Code

64113-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

728.00

**Transaction ID : SA17.179876**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

126.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 892 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. JOHN GANSKE**

Mailing Address 5206 WATERBURY RD

City

DES MOINES

State

IA

Zip Code

50312-1922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

M.D.

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157969**

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HOWARD GANZ**

Mailing Address 201 E 77TH ST

City

NEW YORK

State

NY

Zip Code

10075-2069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PROSKAUER ROSE LLP

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159855**

Date of Receipt

MM / DD / YYYY  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHRISTIAN A. GARCIA**

Mailing Address 3000 HOUSTON AVE

City

HOUSTON

State

TX

Zip Code

77009-6735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HALLIBURTON

Occupation

SVP FINANCE & ACTING CFO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.164414**

Date of Receipt

MM / DD / YYYY  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 893 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDWARD S. GARCIA JR.**

Mailing Address 3333 VIRGINIA BEACH BLVD  
STE 26

City	State	Zip Code
VIRGINIA BEACH	VA	23452-5619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158862**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GILBERTO GARCIA**

Mailing Address 2207 RED RIVER DR

City	State	Zip Code
MISSION	TX	78572-7447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JADE PRODUCE**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.176505**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JORGE GARCIA-BAUDRIT**

Mailing Address 3986 HAMMONDS FRY

City	State	Zip Code
EVANS	GA	30809-8022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.167193**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 894 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JORGE GARCIA-BAUDRIT**

Mailing Address 3986 HAMMONDS FRY

City	State	Zip Code
EVANS	GA	30809-8022

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.168889**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JORGE GARCIA-BAUDRIT**

Mailing Address 3986 HAMMONDS FRY

City	State	Zip Code
EVANS	GA	30809-8022

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.175530**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JORGE GARCIA-BAUDRIT**

Mailing Address 3986 HAMMONDS FRY

City	State	Zip Code
EVANS	GA	30809-8022

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.175531**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

51.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 895 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JORGE GARCIA-BAUDRIT**

Mailing Address 3986 HAMMONDS FRY

City	State	Zip Code
EVANS	GA	30809-8022

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.181022**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JORGE GARCIA-BAUDRIT**

Mailing Address 3986 HAMMONDS FRY

City	State	Zip Code
EVANS	GA	30809-8022

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.181023**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JORGE GARCIA-BAUDRIT**

Mailing Address 3986 HAMMONDS FRY

City	State	Zip Code
EVANS	GA	30809-8022

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.181024**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 896 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JORGE M. GARCIA**

Mailing Address 5681 W 28TH AVE

City  
HIALEAH

State Zip Code  
FL 33016-1979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GARCIA & CASTILLO INC.

Occupation  
CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170092**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JUANA M. GARCIA**

Mailing Address 16711 COLLINS AVE  
APT 1408

City  
SUNNY ISLES BEACH

State Zip Code  
FL 33160-4259

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173570**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARIO GARCIO-SERRA**

Mailing Address 600 GRAPETREE DR

City  
KEY BISCAYNE

State Zip Code  
FL 33149-2754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GUNSTER

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162409**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 897 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MIKAEL A. GARCIA**

Mailing Address 2101 BURTON DR

City	State	Zip Code
AUSTIN	TX	78741-4184

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TEXAS HOUSE OF REPRESENTATIVES**

Occupation  
**LEGISLATIVE DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.162261**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MIKAEL A. GARCIA**

Mailing Address 2101 BURTON DR

City	State	Zip Code
AUSTIN	TX	78741-4184

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TEXAS HOUSE OF REPRESENTATIVES**

Occupation  
**LEGISLATIVE DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.170222**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SERGIO HUMBERTO GARCIA JR.**

Mailing Address 604 RIO GRANDE DR

City	State	Zip Code
MISSION	TX	78572-7475

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AQUA-TOTS SWIM SCHOOLS**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159144**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1875.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 898 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH A. GARDEN**

Mailing Address 5214 SW 102ND CT

City	State	Zip Code
MIAMI	FL	33165-7058

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174401**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KERRI GARDINER**

Mailing Address 10015 KENDALE RD

City	State	Zip Code
POTOMAC	MD	20854-4243

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171016**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CURTIS GARDNER**

Mailing Address 655 MONTGOMERY ST  
STE 1700

City	State	Zip Code
SAN FRANCISCO	CA	94111-2633

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ARA NEWMARK**

Occupation  
**VICE CHAIRMAN - SF**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159442**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 899 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JACK GARDNER**

Mailing Address 5312 CARDINAL CT

City

BETHESDA

State

MD

Zip Code

20816-2908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163283**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PEG GARDNER**

Mailing Address 4914 W SAN RAFAEL ST

City

TAMPA

State

FL

Zip Code

33629-5404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170131**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PEG GARDNER**

Mailing Address 4914 W SAN RAFAEL ST

City

TAMPA

State

FL

Zip Code

33629-5404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172548**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2825.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 900 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PEG GARDNER**

Mailing Address 4914 W SAN RAFAEL ST

City	State	Zip Code
TAMPA	FL	33629-5404

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179557**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PEG GARDNER**

Mailing Address 4914 W SAN RAFAEL ST

City	State	Zip Code
TAMPA	FL	33629-5404

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179877**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. ALAN L. GARNER**

Mailing Address 45 HUCKLEBERRY DR

City	State	Zip Code
JACKSON	WY	83001-9391

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162909**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 901 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES M. GARNER**

Mailing Address 10 FORREST CT

City	State	Zip Code
METAIRIE	LA	70001-6155

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SHER GARNER CAHILL RICHTER KLEIN**

Occupation  
**CO-MANAGING MEMBER/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.163203**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNIFER GARNER**

Mailing Address 322 LONICERA CT

City	State	Zip Code
WILMINGTON	NC	28411-8321

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEILL CURRIE**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

**Transaction ID : SA17.156619**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PHILLIP GARNT0**

Mailing Address 413 HILLCREST DR

City	State	Zip Code
WATERLOO	IL	62298-1713

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.155486**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 902 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PHILLIP GARNTO**

Mailing Address 413 HILLCREST DR

City	State	Zip Code
WATERLOO	IL	62298-1713

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.158149**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PHILLIP GARNTO**

Mailing Address 413 HILLCREST DR

City	State	Zip Code
WATERLOO	IL	62298-1713

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.181007**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY L. GARRETT**

Mailing Address 2013 N EL MORAGA DR

City	State	Zip Code
TUCSON	AZ	85745-9622

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**RANCHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161789**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2775.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 903 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RUSSELL D. GARRETT**

Mailing Address 2013 N EL MORAGA DR

City	State	Zip Code
TUCSON	AZ	85745-9622

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR & REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161801**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THEODORE J. GARRISH**

Mailing Address 103 CHESAPEAKE AVE

City	State	Zip Code
ANNAPOLIS	MD	21403-3305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AEC**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174428**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CAROL K. GARVY**

Mailing Address 200 ESPLANADE WAY

City	State	Zip Code
PALM BEACH	FL	33480-3018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177392**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 904 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT A. GARVY**

Mailing Address 200 ESPLANADE WAY

City	State	Zip Code
PALM BEACH	FL	33480-3018

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177395**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. BLANCA ALICIA GARZA**

Mailing Address 1208 S 1ST 1/2 ST

City	State	Zip Code
MCALLEN	TX	78501-1151

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BEBO DISTRIBUTING**

Occupation  
**COMPTROLLER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.149977**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. BLANCA ALICIA GARZA**

Mailing Address 1208 S 1ST 1/2 ST

City	State	Zip Code
MCALLEN	TX	78501-1151

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BEBO DISTRIBUTING**

Occupation  
**COMPTROLLER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.149977B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 905 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. BLANCA ALICIA GARZA**

Mailing Address 1208 S 1ST 1/2 ST

City	State	Zip Code
MCALLEN	TX	78501-1151

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BEBO DISTRIBUTING**

Occupation  
**COMPTROLLER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.183905**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. RUBEN GARZA**

Mailing Address 3106 FOREST CT

City	State	Zip Code
MISSION	TX	78574-1942

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HERTZ FURNITURE**

Occupation  
**CLIENT RELATIONSHIP MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.150463**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

3200.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RUBEN GARZA**

Mailing Address 3106 FOREST CT

City	State	Zip Code
MISSION	TX	78574-1942

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HERTZ FURNITURE**

Occupation  
**CLIENT RELATIONSHIP MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.150463B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 906 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RUBEN GARZA**

Mailing Address 3106 FOREST CT

City	State	Zip Code
MISSION	TX	78574-1942

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HERTZ FURNITURE**

Occupation  
**CLIENT RELATIONSHIP MANAGER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.170903**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MRS. VERONICA GARZA PUIG**

Mailing Address 396 STILLWELL BEND RD

City	State	Zip Code
BROWNSVILLE	TX	78520-7767

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157896**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MALVINA GASCO**

Mailing Address 2420 14TH STEER NW  
# 520

City	State	Zip Code
WASHINGTON	DC	20009-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BOEING**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.173298**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 907 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL GASTON**

Mailing Address **16 BRYNWOOD LN**

City

**GREENWICH**

State

**CT**

Zip Code

**06831-3312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HENLEY LP**

Occupation

**INVESTOR**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165509**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN A. GASTRIGHT JR.**

Mailing Address **12241 MOLLY BERRY RD**

City

**UPPER MARLBORO**

State

**MD**

Zip Code

**20772-8085**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**DYN CORPORATION INTERNATIONAL**

Occupation

**BUSINESS**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.158260**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PHILIP L. GATT**

Mailing Address **1605 BLACK MAPLE DR**

City

**ROCHESTER HILLS**

State

**MI**

Zip Code

**48309-2211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LAPEER PLATING & PLASTICS INC.**

Occupation

**CEO**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161363**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 908 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TROY GAYESKI**

Mailing Address 350 CEDAR LN

City

NEW CANAAN

State

CT

Zip Code

06840-5120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SKYBRIDGE CAPITAL

Occupation

PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168256**

Date of Receipt

MM / DD / YYYY  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MOHAMED GAZAYERLI**

Mailing Address 476 STEEPLE CHASE CT

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-3067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167460**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MOHAMED GAZAYERLI**

Mailing Address 476 STEEPLE CHASE CT

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-3067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171977**

Date of Receipt

MM / DD / YYYY  
11 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 909 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MOHAMED GAZAYERLI**

Mailing Address **476 STEEPLE CHASE CT**

City	State	Zip Code
<b>BLOOMFIELD HILLS</b>	<b>MI</b>	<b>48304-3067</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**M.D.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172655**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>11</b>		<b>30</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MOHAMED GAZAYERLI**

Mailing Address **476 STEEPLE CHASE CT**

City	State	Zip Code
<b>BLOOMFIELD HILLS</b>	<b>MI</b>	<b>48304-3067</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**M.D.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.180740**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>31</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NICHOLAS C. GEANOPULOS**

Mailing Address **310 GRANT ST**  
**BLDG LBBY**

City	State	Zip Code
<b>PITTSBURGH</b>	<b>PA</b>	<b>15219-2213</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GEANOPULOS REPRESENTATIONS**

Occupation  
**CONSULTANT/ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166346**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>11</b>		<b>10</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 910 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LINDA GEBHARDT**

Mailing Address 2708 WORDSWORTH DR

City  
SPRINGFIELD

State  
IL

Zip Code  
62711-4016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.180813**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATHERINE GEDDES**

Mailing Address 10628 PAGEWOOD DR

City  
DALLAS

State  
TX

Zip Code  
75230-4258

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166289**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRUCE GEERNAERT**

Mailing Address 605 PALOS VERDES DR W

City  
PALOS VERDES ESTATES

State  
CA

Zip Code  
90274-1215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MEDIATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.160109**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

375.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 911 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DARIN GEHR**

Mailing Address **5898 N TERRITORIAL RD**

City <b>DEXTER</b>	State <b>MI</b>	Zip Code <b>48130-9650</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DYNAMIC CARPENTRY**

Occupation  
**ESTIMATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158447**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD GEISEL**

Mailing Address **1600 PONDEROSA WAY**

City <b>SOUTHLAKE</b>	State <b>TX</b>	Zip Code <b>76092-8808</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEW WAVE ENERGY SERVICES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.170218**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SUSAN H. GELARDI**

Mailing Address **3105 RIVERS EDGE CV**

City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23452-7100</b>
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.143813**

Date of Receipt

**09 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 912 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL GELARDI**

Mailing Address 3105 RIVERS EDGE CV

City	State	Zip Code
VIRGINIA BEACH	VA	23452-7100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B158841**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item  
REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MS. SUSAN H. GELARDI**

Mailing Address 3105 RIVERS EDGE CV

City	State	Zip Code
VIRGINIA BEACH	VA	23452-7100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B158842**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**CORAZON GEMIL**

Mailing Address 301 WESTTOWN WAY

City	State	Zip Code
WEST CHESTER	PA	19382-5701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer PENN OBG WEST CHESTER	Occupation GYNECOLOGIST
---	----------------------------

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**460.00**

**Transaction ID : SA17.157502**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**10.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 913 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CORAZON GEMIL**

Mailing Address 301 WESTTOWN WAY

City	State	Zip Code
WEST CHESTER	PA	19382-5701

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PENN OBG WEST CHESTER**

Occupation  
**GYNECOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

**Transaction ID : SA17.166784**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CORAZON GEMIL**

Mailing Address 301 WESTTOWN WAY

City	State	Zip Code
WEST CHESTER	PA	19382-5701

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PENN OBG WEST CHESTER**

Occupation  
**GYNECOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

**Transaction ID : SA17.167085**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CORAZON GEMIL**

Mailing Address 301 WESTTOWN WAY

City	State	Zip Code
WEST CHESTER	PA	19382-5701

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PENN OBG WEST CHESTER**

Occupation  
**GYNECOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

**Transaction ID : SA17.169338**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 914 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CORAZON GEMIL**

Mailing Address 301 WESTTOWN WAY

City	State	Zip Code
WEST CHESTER	PA	19382-5701

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PENN OBG WEST CHESTER**

Occupation  
**GYNECOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**460.00**

**Transaction ID : SA17.172218**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CORAZON GEMIL**

Mailing Address 301 WESTTOWN WAY

City	State	Zip Code
WEST CHESTER	PA	19382-5701

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PENN OBG WEST CHESTER**

Occupation  
**GYNECOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**460.00**

**Transaction ID : SA17.179435**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. VICTOR GENAO**

Mailing Address 13168 NW 10TH LN

City	State	Zip Code
MIAMI	FL	33182-2351

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.161289**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 915 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GORDON GENTRY**

Mailing Address 12 BUTLER PL

City	State	Zip Code
NEWPORT NEWS	VA	23606-3702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TOWNEBANK

Occupation  
BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.174702**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GORDON GENTRY**

Mailing Address 12 BUTLER PL

City	State	Zip Code
NEWPORT NEWS	VA	23606-3702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TOWNEBANK

Occupation  
BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.179350**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MELISSA GENTZ**

Mailing Address 9644 GUENTHARDT RD

City	State	Zip Code
MANISTEE	MI	49660-9362

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GENTZ FOREST PRODUCTS

Occupation  
SECRETARY/TREAS./OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159356**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 916 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.155380**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.155515**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.157102**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 917 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.157709**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.157945**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.157946**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 918 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.158045**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.158046**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.161597**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 919 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.163261**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.163541**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.163542**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 920 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**CHRIS GEORGIA**

Mailing Address **100 I ST SE**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003-4846</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JEB 2016, INC.**

Occupation  
**DIGITAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**298.50**

**Transaction ID : SA17.166209**

Date of Receipt

M M / D D / Y Y Y Y
11 / 08 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CHRIS GEORGIA**

Mailing Address **100 I ST SE**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003-4846</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JEB 2016, INC.**

Occupation  
**DIGITAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**298.50**

**Transaction ID : SA17.166210**

Date of Receipt

M M / D D / Y Y Y Y
11 / 08 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CHRIS GEORGIA**

Mailing Address **100 I ST SE**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003-4846</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JEB 2016, INC.**

Occupation  
**DIGITAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**298.50**

**Transaction ID : SA17.167644**

Date of Receipt

M M / D D / Y Y Y Y
10 / 09 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**7.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 921 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.167912**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

90.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.168261**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.168569**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

92.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 922 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.168599**

Date of Receipt

MM / DD / YYYY  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.168600**

Date of Receipt

MM / DD / YYYY  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.168601**

Date of Receipt

MM / DD / YYYY  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 923 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address **100 I ST SE**

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Zip Code  
**20003-4846**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JEB 2016, INC.**

Occupation  
**DIGITAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**298.50**

**Transaction ID : SA17.170125**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**0.50**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address **100 I ST SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003-4846**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JEB 2016, INC.**

Occupation  
**DIGITAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**298.50**

**Transaction ID : SA17.171106**

Date of Receipt

**11 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address **100 I ST SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003-4846**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JEB 2016, INC.**

Occupation  
**DIGITAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**298.50**

**Transaction ID : SA17.171473**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6.50**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 924 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.172486**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.172487**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.172488**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 925 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.173616**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.174568**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.174822**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 926 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.174823**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.175050**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.175052**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 927 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.175416**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.176724**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEB 2016, INC.

Occupation

DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.176725**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 928 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.176726**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.176727**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

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federal political committee.

C

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.178357**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 929 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

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Mailing Address 100 I ST SE

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DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.178680**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.178791**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS GEORGIA**

Mailing Address 100 I ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-4846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
DIGITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

298.50

**Transaction ID : SA17.179158**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 930 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JARED GEORGE**

Mailing Address **1601 E CESAR CHAVEZ ST**  
**NO. 104**

City **AUSTIN** State **TX** Zip Code **78702-4587**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**METRIC ENGINEERING INC.**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.159928**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JARED GEORGE**

Mailing Address **1601 E CESAR CHAVEZ ST**  
**NO. 104**

City **AUSTIN** State **TX** Zip Code **78702-4587**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**METRIC ENGINEERING INC.**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.180655**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER A. GEORGESCU**

Mailing Address **11406 LOST TREE WAY**

City **NORTH PALM BEACH** State **FL** Zip Code **33408-3327**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**AUTHOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.179002**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 931 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH B. GERAGHTY**

Mailing Address 3729 CANTERBURY RD

City

BETHLEHEM

State

PA

Zip Code

18020-1369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PULS, INC.

Occupation

EXECUTIVE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161516**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DANIEL GERARD**

Mailing Address 515 MADISON AVE

FL 22

City

NEW YORK

State

NY

Zip Code

10022-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172705**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DANIEL GERARD**

Mailing Address 515 MADISON AVE

FL 22

City

NEW YORK

State

NY

Zip Code

10022-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175087**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 932 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRISCILLA GERDE**

Mailing Address 8303 TYLER RD

City

BATTLE GROUND

State

IN

Zip Code

47920-9709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158152**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GARY L. GERMER JR.**

Mailing Address 1133 BELVIN ST

City

SAN MARCOS

State

TX

Zip Code

78666-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GERMER INDUSTRIES, INC.

Occupation

INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157080**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HAROLD GERNSBACHER**

Mailing Address 11887 DOOLIN CT

City

DALLAS

State

TX

Zip Code

75230-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEWISH FEDERATION GREATER DA

Occupation

DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166628**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 933 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JANIE M. GERTSCH**

Mailing Address 4832 SUNDALE DR

City	State	Zip Code
CLARKSTON	MI	48346-3691

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALPHA ELECTRIC AND ENGINEERING

Occupation  
ACCOUNTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.158449**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JANIE M. GERTSCH**

Mailing Address 4832 SUNDALE DR

City	State	Zip Code
CLARKSTON	MI	48346-3691

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALPHA ELECTRIC AND ENGINEERING

Occupation  
ACCOUNTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.158449B**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MRS. JANIE M. GERTSCH**

Mailing Address 4832 SUNDALE DR

City	State	Zip Code
CLARKSTON	MI	48346-3691

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALPHA ELECTRIC AND ENGINEERING

Occupation  
ACCOUNTING

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.162967**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 934 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LYNN M. GERTSCH**

Mailing Address **4832 SUNDALE DR**

City	State	Zip Code
CLARKSTON	MI	48346-3691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRANSITIONS**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.158448**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LYNN M. GERTSCH**

Mailing Address **4832 SUNDALE DR**

City	State	Zip Code
CLARKSTON	MI	48346-3691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRANSITIONS**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.158448B**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-1000.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. LYNN M. GERTSCH**

Mailing Address **4832 SUNDALE DR**

City	State	Zip Code
CLARKSTON	MI	48346-3691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRANSITIONS**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.162966**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

**1000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 935 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BERT GETZ**

Mailing Address 6335 W IL ROUTE 120

City

LIBERTYVILLE

State

IL

Zip Code

60048-9709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155479**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. H. LELAND GETZ**

Mailing Address 51 LINKS RD

City

HOBE SOUND

State

FL

Zip Code

33455-2317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170051**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES F. GETZ**

Mailing Address 623 5TH AVE

City

NEW YORK

State

NY

Zip Code

10022-6831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TRISTATE CAPITAL BANK

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157673**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 936 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. JEANINE BEHR GETZ**

Mailing Address 46 PECKSLAND RD

City

GREENWICH

State

CT

Zip Code

06831-3738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

AUTHOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170676**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT GETZ**

Mailing Address 46 PECKSLAND RD

City

GREENWICH

State

CT

Zip Code

06831-3738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CORNERSTONE EQUITY INVESTORS

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161177**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FADIA GHAFARI**

Mailing Address 3086 BLOOMFIELD HILLS PARK DRIVE

City

W. BLOOMFIELD

State

MI

Zip Code

48323-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GHAFARI TRADING LTD

Occupation

ACCOUNTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159489**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 937 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. GEORGES GHAFARI**

Mailing Address 70 RENAUD RD

City	State	Zip Code
GROSSE POINTE SHORES	MI	48236-1742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
EASTLAKE CARDIOVASCULAR ASSOCIATION	CARDIOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161956**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LOUIS GHAFARI**

Mailing Address 1701 HICKORY BARK LN

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-1166

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
STAFFING ACADEMY	MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159488**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SALEEM GHAFARI**

Mailing Address 4814 ROLLING RIDGE CT

City	State	Zip Code
WEST BLOOMFIELD	MI	48323-3349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
GHAFARI TRADING LTD	MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159491**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 938 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SAMER GHAFARI**

Mailing Address 2735 MIDDLEBURY LN

City	State	Zip Code
BLOOMFIELD HILLS	MI	48301-4167

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SNB OF BIRMINGHAM**

Occupation  
**OWNER/OPERATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159490**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MAHER GHAZZI**

Mailing Address 42993 PASCALE TER

City	State	Zip Code
ASHBURN	VA	20148-7319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PALO ALTO NETWORKS**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.180953**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARYAM H. GHYABI**

Mailing Address 1459 N US HIGHWAY 1  
STE 3

City	State	Zip Code
ORMOND BEACH	FL	32174-0707

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GHYABI & ASSOCIATES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.153385**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 939 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARYAM H. GHYABI**

Mailing Address **1459 N US HIGHWAY 1**  
**STE 3**

City	State	Zip Code
ORMOND BEACH	FL	32174-0707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GHYABI & ASSOCIATES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.159028B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-1000.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MS. MARYAM H. GHYABI**

Mailing Address **1459 N US HIGHWAY 1**  
**STE 3**

City	State	Zip Code
ORMOND BEACH	FL	32174-0707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GHYABI & ASSOCIATES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.159030**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MS. MARYAM H. GHYABI**

Mailing Address **1459 N US HIGHWAY 1**  
**STE 3**

City	State	Zip Code
ORMOND BEACH	FL	32174-0707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GHYABI & ASSOCIATES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.B159028**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**0.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 940 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TERRANCE WHITE**

Mailing Address **1459 N US HIGHWAY 1**  
**STE 3**

City	State	Zip Code
<b>ORMOND BEACH</b>	<b>FL</b>	<b>32174-0707</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UPCHURCH WATSON WHITE & MAX**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B159027**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**STEVEN GIACONA**

Mailing Address **3 LITTLE FALLS WAY**

City	State	Zip Code
<b>SCOTCH PLAINS</b>	<b>NJ</b>	<b>07076-2921</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROUND TABLE SERVICES, LLC**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162724**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT GIAIMO**

Mailing Address **8708 BROOK RD**

City	State	Zip Code
<b>MCLEAN</b>	<b>VA</b>	<b>22102-1541</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SILVER DINER DEVELOPMENT LLC**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173071**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5400.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 941 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ANN D. GIBBS**

Mailing Address 5005 YACHT CLUB RD

City	State	Zip Code
JACKSONVILLE	FL	32210-8321

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158218**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE W. GIBBS**

Mailing Address 5005 YACHT CLUB RD

City	State	Zip Code
JACKSONVILLE	FL	32210-8321

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158221**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN R. GIBBS**

Mailing Address 10923 SEDGEMOOR CIR

City	State	Zip Code
CARMEL	IN	46032-9194

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GIBBS, LLC

Occupation  
ENTREPRENEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161328**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 942 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANN GIBSON**

Mailing Address 415 GLENVIEW DR

City  
WINONA

State Zip Code  
MN 55987-4153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.171980**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANN GIBSON**

Mailing Address 415 GLENVIEW DR

City  
WINONA

State Zip Code  
MN 55987-4153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.180970**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL GIDDINGS**

Mailing Address 1390 N CREEK DR

City  
WIXOM

State Zip Code  
MI 48393-1638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LAUTREC LTD

Occupation  
PROPERTY MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160050**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2775.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 943 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHARON J. GIESE**

Mailing Address 10855 E SHEPPERD AVE

City	State	Zip Code
MESA	AZ	85212-5231

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162052**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FRANK GIL**

Mailing Address 10689 N KENDALL DR  
STE 208

City	State	Zip Code
MIAMI	FL	33176-1594

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BISCAYNE ANESTHESIA GROUP

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174400**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MEGAN GIL**

Mailing Address 6001 SW 94TH PL

City	State	Zip Code
MIAMI	FL	33173-1543

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.167796**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

770.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 944 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MEGAN GIL**

Mailing Address 6001 SW 94TH PL

City  
MIAMI

State  
FL

Zip Code  
33173-1543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.168797**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MEGAN GIL**

Mailing Address 6001 SW 94TH PL

City  
MIAMI

State  
FL

Zip Code  
33173-1543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.170139**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MEGAN GIL**

Mailing Address 6001 SW 94TH PL

City  
MIAMI

State  
FL

Zip Code  
33173-1543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.175148**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 945 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MEGAN GIL**

Mailing Address 6001 SW 94TH PL

City	State	Zip Code
MIAMI	FL	33173-1543

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.177468**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MEGAN GIL**

Mailing Address 6001 SW 94TH PL

City	State	Zip Code
MIAMI	FL	33173-1543

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.177746**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. RAMON A. GIL**

Mailing Address 197 ROSELLE CT

City	State	Zip Code
PORT CHARLOTTE	FL	33952-9733

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172314**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 946 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHRIS GILBERT II**

Mailing Address 12602 NORTH FWY

City	State	Zip Code
HOUSTON	TX	77060-1319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159407**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. CHRIS GILBERT II**

Mailing Address 12602 NORTH FWY

City	State	Zip Code
HOUSTON	TX	77060-1319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159407B**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**DOLCE GILBERT**

Mailing Address 12602 NORTH FWY

City	State	Zip Code
HOUSTON	TX	77060-1319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.167357**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 947 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE ALAN GILBERT**

Mailing Address 14901 N PENNSYLVANIA AVE  
APT 289

City State Zip Code  
OKLAHOMA CITY OK 73134-5963

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171761**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. H. LINWOOD GILBERT**

Mailing Address 1904 ARROWHEAD DR NE

City State Zip Code  
SAINT PETERSBURG FL 33703-1904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
URBAN REALTY SOLUTIONS

Occupation  
REAL ESTATE APPRAISER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.158129**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. H. LINWOOD GILBERT**

Mailing Address 1904 ARROWHEAD DR NE

City State Zip Code  
SAINT PETERSBURG FL 33703-1904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
URBAN REALTY SOLUTIONS

Occupation  
REAL ESTATE APPRAISER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.165078**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 948 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. H. LINWOOD GILBERT**

Mailing Address 1904 ARROWHEAD DR NE

City	State	Zip Code
SAINT PETERSBURG	FL	33703-1904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
URBAN REALTY SOLUTIONS

Occupation  
REAL ESTATE APPRAISER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.169237**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. H. LINWOOD GILBERT**

Mailing Address 1904 ARROWHEAD DR NE

City	State	Zip Code
SAINT PETERSBURG	FL	33703-1904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
URBAN REALTY SOLUTIONS

Occupation  
REAL ESTATE APPRAISER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.170990**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. H. LINWOOD GILBERT**

Mailing Address 1904 ARROWHEAD DR NE

City	State	Zip Code
SAINT PETERSBURG	FL	33703-1904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
URBAN REALTY SOLUTIONS

Occupation  
REAL ESTATE APPRAISER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.177175**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 949 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. GILBERT**

Mailing Address 337 TIMBER RIDGE CT W

City	State	Zip Code
RIDGELAND	MS	39157-3537

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**HOME IMPROVEMENTS CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

**Transaction ID : SA17.158777**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. GILBERT**

Mailing Address 337 TIMBER RIDGE CT W

City	State	Zip Code
RIDGELAND	MS	39157-3537

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**HOME IMPROVEMENTS CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

**Transaction ID : SA17.170837**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM THAYER GILES**

Mailing Address 7565 FOSTER RIDGE RD

City	State	Zip Code
GERMANTOWN	TN	38138-7015

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.166610**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2105.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 950 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CHON GILL**

Mailing Address 3278 BYRON RD

City	State	Zip Code
GREEN COVE SPRINGS	FL	32043-5100

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158259**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JIM M. GILL**

Mailing Address 3278 BYRON RD

City	State	Zip Code
GREEN COVE SPRINGS	FL	32043-5100

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BLACK CREEK STRATEGIES**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157635**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LAWRENCE V. GILL**

Mailing Address 10880 E CORDOVA ST

City	State	Zip Code
GOLD CANYON	AZ	85118-4632

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**XCESSORIES SQUARED SW**

Occupation  
**SALES REP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162132**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 951 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PETER J. GILL**

Mailing Address 1411 VANCE JACKSON

City	State	Zip Code
SAN ANTONIO	TX	78249-

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164397**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CYNTHIA GILLESPIE**

Mailing Address 2311 PARK ST

City	State	Zip Code
COLUMBIA	SC	29201-1851

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
DENTONS	CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.155282**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PATRICK B. GILLESPIE JR.**

Mailing Address 4020 GOSHEN RD

City	State	Zip Code
NEWTOWN SQUARE	PA	19073-1517

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.172323**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 952 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS J. GILLESPIE**

Mailing Address **611 BERKSHIRE DR**

City

**PITTSBURGH**

State

**PA**

Zip Code

**15215-1514**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THE LOCKHART COMPANY**

Occupation

**CHIEF ADMINISTRATION OFFICER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166403**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TROW GILLESPIE**

Mailing Address **76 WYCHEWOOD DR**

City

**MEMPHIS**

State

**TN**

Zip Code

**38117-3012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEW SOUTH CAPITAL MANAGEMENT**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.170645**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**350.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. VALERIE L. GILLESPIE**

Mailing Address **328 SLIDERS KNOB AVE**

City

**FRANKLIN**

State

**TN**

Zip Code

**37067-2653**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COMCAST**

Occupation

**AREA VP/GENERAL MANAGER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.170090**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 953 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. LINDA GILLILAND**

Mailing Address **1186 CHARMING ST**

City <b>MAITLAND</b>	State <b>FL</b>	Zip Code <b>32751-4263</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ADVANCED RN PRACTITIONER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158929**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD GILLIS**

Mailing Address **9024 PINE LAUREL DR**

City <b>WEDDINGTON</b>	State <b>NC</b>	Zip Code <b>28104-8056</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**YOUNG'S MARKET COMPANY**

Occupation  
**BEVERAGE DISTRIBUTION**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.157194**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GAIL GILMAN**

Mailing Address **PO BOX 1370**

City <b>KENNEBUNKPORT</b>	State <b>ME</b>	Zip Code <b>04046-1370</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DESIGN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.161610**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1275.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 954 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GAIL GILMAN**

Mailing Address PO BOX 1370

City	State	Zip Code
KENNEBUNKPORT	ME	04046-1370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
DESIGN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.163865**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GAIL GILMAN**

Mailing Address PO BOX 1370

City	State	Zip Code
KENNEBUNKPORT	ME	04046-1370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
DESIGN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.175783**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ANDRES GUILLEMARD GINORIO**

Mailing Address 701 AVE PONCE DE LEON  
STE 313

City	State	Zip Code
SAN JUAN	PR	00907-3247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LONE STAR INSURANCE PRODUCERS,  
LLC

Occupation  
INSURANCE PRODUCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174740**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 955 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. JOSEPH GIOVINCO**

Mailing Address 2618 GULF BLVD  
APT 402

City State Zip Code  
INDIAN ROCKS BEACH FL 33785-3142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178145**

Date of Receipt

M M / D D / Y Y Y Y  
12 23 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TED GIRDNER**

Mailing Address 320 TUSCANY CT

City State Zip Code  
DANVILLE CA 94506-6102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COMCAST

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174530**

Date of Receipt

M M / D D / Y Y Y Y  
12 07 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. KIM GITHLER**

Mailing Address 1219 WESTWAY DR

City State Zip Code  
SARASOTA FL 34236-1120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INVESTMENT SEMINARS INC.

Occupation  
CEO BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172999**

Date of Receipt

M M / D D / Y Y Y Y  
11 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 956 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CESK GJURAJ**

Mailing Address 1925 MAYFLOWER AVE

City	State	Zip Code
BRONX	NY	10461-4006

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
1 GLOBAL DESIGNING CONSTRUCTION GRC	CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.156652**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW GLADIN**

Mailing Address 14 OVERLOOK RD

City	State	Zip Code
CHATHAM TWP	NJ	07928-2769

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
SULLIVAN & CROMWELL LLP	ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159364**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD E. GLANCEY**

Mailing Address PO BOX 12541

City	State	Zip Code
DALLAS	TX	75225-0541

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
TENET HEALTHCARE	DIRECTOR GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.177879**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 957 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICIA L. GLASER**

Mailing Address 10250 CONSTELLATION BLVD  
FL 19

City State Zip Code  
LOS ANGELES CA 90067-6219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GLASER WIL FINK HOWARD AVCHEN

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159041**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LARRY C. GLASSCOCK**

Mailing Address 7837 MORNINGSIDE LN

City State Zip Code  
INDIANAPOLIS IN 46240-2588

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161803**

Date of Receipt

M M / D D / Y Y Y Y  
10 22 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LARRY C. GLASSCOCK**

Mailing Address 7837 MORNINGSIDE LN

City State Zip Code  
INDIANAPOLIS IN 46240-2588

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161803B**

Date of Receipt

M M / D D / Y Y Y Y  
11 03 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 958 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LARRY C. GLASSCOCK**

Mailing Address 7837 MORNINGSIDE LN

City	State	Zip Code
INDIANAPOLIS	IN	46240-2588

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165471**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY; REFUNDED \$2,700.00 ON 11/13/2015

**B. Full Name (Last, First, Middle Initial)**

**MRS. LEE ANN GLASSCOCK**

Mailing Address 7837 MORNINGSIDE LN

City	State	Zip Code
INDIANAPOLIS	IN	46240-2588

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161797**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LEE ANN GLASSCOCK**

Mailing Address 7837 MORNINGSIDE LN

City	State	Zip Code
INDIANAPOLIS	IN	46240-2588

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161797B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 959 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LEE ANN GLASSCOCK**

Mailing Address **7837 MORNINGSIDE LN**

City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46240-2588</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165469**

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY; REFUNDED  
\$2,700.00 ON 11/13/2015**

**B. Full Name (Last, First, Middle Initial)**

**REEDER GLASS**

Mailing Address **1050 BURTON DR NE**

City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30329-4012</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMMUNITY HOUSING CAPITAL**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.172596**

Date of Receipt

M M / D D / Y Y Y Y
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SUSANNE GLASSCOCK**

Mailing Address **PO BOX 22143**

City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77227-2143</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161710**

Date of Receipt

M M / D D / Y Y Y Y
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 960 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AVRAM GLAZER**

Mailing Address 400 S OCEAN BLVD

City	State	Zip Code
PALM BEACH	FL	33480-4420

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TAMPA BAY BUCCANEERS**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173305**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JILL GLAZER**

Mailing Address 400 S OCEAN BLVD

City	State	Zip Code
PALM BEACH	FL	33480-4420

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173304**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. MATTHEW C. GLEASON**

Mailing Address 3948 BAYSIDE WALK

City	State	Zip Code
SAN DIEGO	CA	92109-6948

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STATE OF CALIFORNIA**

Occupation  
**M.D.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

301.00

**Transaction ID : SA17.156467**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5401.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 961 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. GLEASON III**

Mailing Address 2900 MCKINNON ST  
APT 1606

City State Zip Code  
DALLAS TX 75201-1067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GLEASON OIL & GAS, LLC

Occupation  
OIL & GAS EXPLORATION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166111**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. TOM D. GLEASON**

Mailing Address 7515 PELICAN BAY BLVD

City State Zip Code  
NAPLES FL 34108-7511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.170989**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ALEX GLENN**

Mailing Address 616 16TH AVE NE

City State Zip Code  
SAINT PETERSBURG FL 33704-4719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUKE ENERGY

Occupation  
BUSINESS EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157321**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3950.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 962 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BONNIE GLICK**

Mailing Address 9404 CORSICA DR

City

BETHESDA

State

MD

Zip Code

20814-2814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MERIDIAN INTERNATIONAL CENTER

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169280**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RON GLISK**

Mailing Address 111 RINGWOOD RD

City

BRYN MAWR

State

PA

Zip Code

19010-2713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

XANITOS

Occupation

EVP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.172217**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RON GLISK**

Mailing Address 111 RINGWOOD RD

City

BRYN MAWR

State

PA

Zip Code

19010-2713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

XANITOS

Occupation

EVP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.176977**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 963 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GARY R. GLOTZHOBER**

Mailing Address 45 VAUGHAN RIDGE RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-2757

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COLLIERS INTERNATIONAL

Occupation  
REAL ESTATE BROKERAGE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.161782**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CRAIG GLOVER**

Mailing Address 2832 N COUNTRY CLUB RD

City	State	Zip Code
MUSKOGEE	OK	74403-2316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GLOVER & ASSOCIATES

Occupation  
HIGHWAY CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.158979**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CRAIG GLOVER**

Mailing Address 2832 N COUNTRY CLUB RD

City	State	Zip Code
MUSKOGEE	OK	74403-2316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GLOVER & ASSOCIATES

Occupation  
HIGHWAY CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.168317**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 964 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CRAIG GLOVER**

Mailing Address 2832 N COUNTRY CLUB RD

City	State	Zip Code
MUSKOGEE	OK	74403-2316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GLOVER & ASSOCIATES**

Occupation  
**HIGHWAY CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175571**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW GLUCK**

Mailing Address 3145 ROUTE 44/55

City	State	Zip Code
GARDINER	NY	12525-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.165741**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW GLUCK**

Mailing Address 3145 ROUTE 44/55

City	State	Zip Code
GARDINER	NY	12525-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177295**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROB GLUCK**

Mailing Address 1441 WESTHAVEN RD

City	State	Zip Code
SAN MARINO	CA	91108-2020

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HIGH LANTERN GROUP**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176664**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**COLETTE GODFREY**

Mailing Address 9386 MOUNT VERNON CIR

City	State	Zip Code
ALEXANDRIA	VA	22309-3219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.157540**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID GODWIN**

Mailing Address 1615 SANDMAN ST

City	State	Zip Code
HOUSTON	TX	77007-3356

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STATE OF TEXAS**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.156707**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2810.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 966 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID GODWIN**

Mailing Address 1615 SANDMAN ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77007-3356**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STATE OF TEXAS**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.162272**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. BRENDA J. GOERKS**

Mailing Address 1100 BISCAYNE BLVD  
UNIT 4705

City  
**MIAMI**

State  
**FL**

Zip Code  
**33132-1751**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AKERMAN LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158244**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GERD GOETTE**

Mailing Address 20660 STEVENS CREEK BLVD  
# 311

City  
**CUPERTINO**

State  
**CA**

Zip Code  
**95014-2120**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SIEMENS FINANCIAL SERVICES**

Occupation  
**MANAGING PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.158118**

Date of Receipt

**10 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**375.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 967 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GERD GOETTE**

Mailing Address 20660 STEVENS CREEK BLVD  
# 311

City State Zip Code  
CUPERTINO CA 95014-2120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SIEMENS FINANCIAL SERVICES

Occupation  
MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177537**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES GOETZ**

Mailing Address 18020 SARATOGA LOS GATOS RD

City State Zip Code  
MONTE SERENO CA 95030-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SEQUOIA CAPITAL

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162946**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ANTONIO FRANCISCO GOITIA**

Mailing Address 11767 S DIXIE HWY  
# 176

City State Zip Code  
MIAMI FL 33156-4438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOITIA GROUP CAPITAL PARTNERS

Occupation  
MNG

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.160063**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 968 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEVEN W. GOLANN**

Mailing Address 120 E 81ST ST  
APT 8H

City State Zip Code  
NEW YORK NY 10028-1433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.163371**

Date of Receipt

M M / D D / Y Y Y Y  
10 29 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEVEN W. GOLANN**

Mailing Address 120 E 81ST ST  
APT 8H

City State Zip Code  
NEW YORK NY 10028-1433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.174462**

Date of Receipt

M M / D D / Y Y Y Y  
12 08 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEVON GOLDBERG**

Mailing Address 5547 DEL ROY DR

City State Zip Code  
DALLAS TX 75230-2961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ADVANCED SPEECH AND LANGUAGE

Occupation  
SPEECH THERAPY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169904**

Date of Receipt

M M / D D / Y Y Y Y  
11 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 969 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN EVAN GOLDBERG**

Mailing Address 160 W 66TH ST  
APT 21D

City State Zip Code  
NEW YORK NY 10023-6558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FISHER BROYLES

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.179017**

Date of Receipt

M M / D D / Y Y Y Y  
12 29 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2300.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD GOLDBERG**

Mailing Address 5547 DEL ROY DR

City State Zip Code  
DALLAS TX 75230-2961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMR

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169905**

Date of Receipt

M M / D D / Y Y Y Y  
11 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NEAL B. GOLDEN**

Mailing Address 450 E 83RD ST  
PH 1B

City State Zip Code  
NEW YORK NY 10028-6299

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEWMARK GRUBB KNIGHT FRANK

Occupation  
VICE CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175375**

Date of Receipt

M M / D D / Y Y Y Y  
12 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 970 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARVIN GOLDFARB**

Mailing Address **159 S SALTAIR AVE**

City

**LOS ANGELES**

State

**CA**

Zip Code

**90049-4114**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**WILSHIRE WESTGATE PHARMACY**

Occupation

**PHARMACIST**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.170694**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. AVIGAIL G. GOLDGRABER**

Mailing Address **1099 22ND ST NW**  
**APT 406**

City

**WASHINGTON**

State

**DC**

Zip Code

**20037-1824**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ACCENTURE**

Occupation

**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158860**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEVIN GOLDMAN**

Mailing Address **6282 ORCHARD WOODS DR**

City

**WEST BLOOMFIELD**

State

**MI**

Zip Code

**48324-3286**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**KAYE FINANCIAL**

Occupation

**MORTGAGE BROKER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159354**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 971 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM GOLDRING**

Mailing Address 524 METAIRIE RD

City	State	Zip Code
METAIRIE	LA	70005-4308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SAZERAC COMPANY, INC.

Occupation  
OWNER/CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.163200**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM GOLDRING**

Mailing Address 524 METAIRIE RD

City	State	Zip Code
METAIRIE	LA	70005-4308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SAZERAC COMPANY, INC.

Occupation  
OWNER/CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.173349**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM GOLDRING**

Mailing Address 524 METAIRIE RD

City	State	Zip Code
METAIRIE	LA	70005-4308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SAZERAC COMPANY, INC.

Occupation  
OWNER/CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.173349B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 972 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM GOLDRING**

Mailing Address 524 METAIRIE RD

City	State	Zip Code
METAIRIE	LA	70005-4308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SAZERAC COMPANY, INC.

Occupation  
OWNER/CHAIRMAN

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.177107**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MR. ADAM M. GOLDSTEIN**

Mailing Address 4321 SANTA MARIA ST

City	State	Zip Code
CORAL GABLES	FL	33146-1126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ROYAL CARIBBEAN CRUISES LTD

Occupation  
PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173500**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALFRED G. GOLDSTEIN**

Mailing Address 633 3RD AVE

City	State	Zip Code
NEW YORK	NY	10017-6706

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PROJECT HOPE

Occupation  
CO-FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177429**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CHERYL GOLDSTEIN**

Mailing Address 4321 SANTA MARIA ST

City	State	Zip Code
CORAL GABLES	FL	33146-1126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173497**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JEREMY L. GOLDSTEIN**

Mailing Address 119 OLD CHURCH RD

City	State	Zip Code
GREENWICH	CT	06830-4817

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JLG & ASSOCIATES

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170674**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KEITH K. GOLDSTEIN**

Mailing Address 1500 N LAKE SHORE DR  
UNIT 10C

City	State	Zip Code
CHICAGO	IL	60610-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FRONTENAC COMPANY

Occupation  
SENIOR ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158651**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 974 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAULA GOLDSTEIN**

Mailing Address 1600 POST OAK BLVD

City

HOUSTON

State

TX

Zip Code

77056-2900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175962**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAULA GOLDSTEIN**

Mailing Address 1600 POST OAK BLVD

City

HOUSTON

State

TX

Zip Code

77056-2900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179883**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD M. GOLDSTEIN**

Mailing Address 165 E 72ND ST  
APT 15J

City

NEW YORK

State

NY

Zip Code

10021-4348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PROSKAUER ROSE LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163017**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 975 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RODNEY L. GOLDSTEIN**

Mailing Address **1500 N LAKE SHORE DR**  
**UNIT 10C**

City **CHICAGO** State **IL** Zip Code **60610-6686**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FRONTENAC CO.**

Occupation  
**SENIOR ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158670**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City **CENTENNIAL** State **CO** Zip Code **80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.159304**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City **CENTENNIAL** State **CO** Zip Code **80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.163053**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2775.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City

**CENTENNIAL**

State

**CO**

Zip Code

**80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.163503**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City

**CENTENNIAL**

State

**CO**

Zip Code

**80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.165067**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City

**CENTENNIAL**

State

**CO**

Zip Code

**80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.165820**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 977 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.166433**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.167379**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.167577**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**75.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**125.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.168781**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.169185**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.170117**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**76.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 979 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.170952**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.171236**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.171237**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.174555**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.176218**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City  
**CENTENNIAL**

State Zip Code  
**CO 80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.177161**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 981 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City

**CENTENNIAL**

State

**CO**

Zip Code

**80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.178592**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROSS GOLDSMITH**

Mailing Address **16493 E HIALEAH DR**

City

**CENTENNIAL**

State

**CO**

Zip Code

**80015-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**724.00**

**Transaction ID : SA17.180836**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN GOLEMBLEWSKI**

Mailing Address **331 WILLIAMSBURG CT**

City

**PRESTO**

State

**PA**

Zip Code

**15142-1005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LBC HOLDINGS INC.**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168627**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2775.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 982 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANNE GOLIWAS**

Mailing Address **3 AUDUBON BLVD**

City

**NEW ORLEANS**

State

**LA**

Zip Code

**70118-5537**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BERNSTEIN LITOWIZ BERGER AND GROSS**

Occupation

**BOOKKEEPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173750**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM GOLIWAS**

Mailing Address **3 AUDUBON BLVD**

City

**NEW ORLEANS**

State

**LA**

Zip Code

**70118-5537**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PROTOCOL CONSTRUCTION LLC**

Occupation

**OWNER, CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173749**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MIKHAIL GOLOMB**

Mailing Address **850 POWELL ST**  
**APT 104**

City

**SAN FRANCISCO**

State

**CA**

Zip Code

**94108-2034**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BREATHOMETER INC**

Occupation

**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.180424**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 983 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CARMEN M. GOMEZ**

Mailing Address 3980 CORTE CANCION

City	State	Zip Code
THOUSAND OAKS	CA	91360-6915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

**Transaction ID : SA17.170249**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CARMEN M. GOMEZ**

Mailing Address 3980 CORTE CANCION

City	State	Zip Code
THOUSAND OAKS	CA	91360-6915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

**Transaction ID : SA17.170702**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CARMEN M. GOMEZ**

Mailing Address 3980 CORTE CANCION

City	State	Zip Code
THOUSAND OAKS	CA	91360-6915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

**Transaction ID : SA17.172066**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

25.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 984 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CARMEN M. GOMEZ**

Mailing Address 3980 CORTE CANCION

City	State	Zip Code
THOUSAND OAKS	CA	91360-6915

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

**Transaction ID : SA17.173284**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CARMEN M. GOMEZ**

Mailing Address 3980 CORTE CANCION

City	State	Zip Code
THOUSAND OAKS	CA	91360-6915

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

**Transaction ID : SA17.173844**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CARMEN M. GOMEZ**

Mailing Address 3980 CORTE CANCION

City	State	Zip Code
THOUSAND OAKS	CA	91360-6915

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

**Transaction ID : SA17.174544**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

20.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 985 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CARMEN M. GOMEZ**

Mailing Address 3980 CORTE CANCION

City	State	Zip Code
THOUSAND OAKS	CA	91360-6915

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

**Transaction ID : SA17.176092**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CARMEN M. GOMEZ**

Mailing Address 3980 CORTE CANCION

City	State	Zip Code
THOUSAND OAKS	CA	91360-6915

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

**Transaction ID : SA17.178351**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CARMEN M. GOMEZ**

Mailing Address 3980 CORTE CANCION

City	State	Zip Code
THOUSAND OAKS	CA	91360-6915

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

**Transaction ID : SA17.181673**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 986 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS GOMPF**

Mailing Address 218 JOHNSARBOR DR. E

City	State	Zip Code
ROCHESTER	NY	14620-3633

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.169000**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS GOMPF**

Mailing Address 218 JOHNSARBOR DR. E

City	State	Zip Code
ROCHESTER	NY	14620-3633

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.171368**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS GOMPF**

Mailing Address 218 JOHNSARBOR DR. E

City	State	Zip Code
ROCHESTER	NY	14620-3633

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.175225**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

110.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 987 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALEJANDRO GONZALEZ**

Mailing Address 13713 N UNITEC DR

City	State	Zip Code
LAREDO	TX	78045-9414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GONTOR FORWARDING, CORP.

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450.00

**Transaction ID : SA17.162584**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALEJANDRO GONZALEZ**

Mailing Address 13713 N UNITEC DR

City	State	Zip Code
LAREDO	TX	78045-9414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GONTOR FORWARDING, CORP.

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450.00

**Transaction ID : SA17.179012**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

350.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. CARLOS A. GONZALEZ**

Mailing Address 161 W 59TH ST

City	State	Zip Code
HIALEAH	FL	33012-2623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KEYSTONE BODY SHOP

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161311**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3150.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 988 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ESTHER R. GONZALEZ**

Mailing Address 122 E WISCONSIN RD

City	State	Zip Code
EDINBURG	TX	78539-9100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VALLEY ENVIRONMENTAL GROUP

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178265**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LAURA MARIA GONZALEZ**

Mailing Address 90 EDGEWATER DR

City	State	Zip Code
CORAL GABLES	FL	33133-6942

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOLLAND & KNIGHT LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158935**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. OSIRIS GONZALEZ**

Mailing Address 1142 SW 9TH ST

City	State	Zip Code
MIAMI	FL	33130-3608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162994**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3750.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 989 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. OSVALDO GONZALEZ**

Mailing Address 5817 SW 144TH PL

City	State	Zip Code
MIAMI	FL	33183-1045

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FINEST DRYWALL**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159226**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**EDITH GONZALES**

Mailing Address 330 MONTPELIER DR

City	State	Zip Code
SAN ANTONIO	TX	78228-2052

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTHWEST RESEARCH INSTITUTE**

Occupation  
**SR. SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

825.00

**Transaction ID : SA17.159274**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. OSVALDO GONZALEZ**

Mailing Address 5817 SW 144TH PL

City	State	Zip Code
MIAMI	FL	33183-1045

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FINEST DRYWALL**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159226B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-800.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILLIP GONZALES**

Mailing Address 505 W LOGAN AVE

City	State	Zip Code
GALLUP	NM	87301-6447

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MCKINLEY COUNTY RD DEPT

Occupation  
HEAVY EQPT OPERATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.160390**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILLIP GONZALES**

Mailing Address 505 W LOGAN AVE

City	State	Zip Code
GALLUP	NM	87301-6447

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MCKINLEY COUNTY RD DEPT

Occupation  
HEAVY EQPT OPERATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.163955**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILLIP GONZALES**

Mailing Address 505 W LOGAN AVE

City	State	Zip Code
GALLUP	NM	87301-6447

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MCKINLEY COUNTY RD DEPT

Occupation  
HEAVY EQPT OPERATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.168990**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 991 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILLIP GONZALES**

Mailing Address 505 W LOGAN AVE

City  
GALLUP

State Zip Code  
NM 87301-6447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCKINLEY COUNTY RD DEPT

Occupation  
HEAVY EQPT OPERATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.171579**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILLIP GONZALES**

Mailing Address 505 W LOGAN AVE

City  
GALLUP

State Zip Code  
NM 87301-6447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCKINLEY COUNTY RD DEPT

Occupation  
HEAVY EQPT OPERATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.174644**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILLIP GONZALES**

Mailing Address 505 W LOGAN AVE

City  
GALLUP

State Zip Code  
NM 87301-6447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCKINLEY COUNTY RD DEPT

Occupation  
HEAVY EQPT OPERATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.176394**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILLIP GONZALES**

Mailing Address 505 W LOGAN AVE

City  
GALLUP

State Zip Code  
NM 87301-6447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCKINLEY COUNTY RD DEPT

Occupation  
HEAVY EQPT OPERATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.178751**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. JOHN C. GOODMAN**

Mailing Address 6335 W NORTHWEST HWY

City  
DALLAS

State Zip Code  
TX 75225-3536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOODMAN INSTITUTE FOR PUBLIC  
POLICY

Occupation  
PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.168109**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LEONARD A. GOODMAN III**

Mailing Address 4911 MEADOWLARK DR

City  
EL PASO

State Zip Code  
TX 79922-2022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOODMAN FINANCIAL GROUP

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177901**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAURICE GOODMAN**

Mailing Address 1238 N 28TH ST  
APT 3E

City State Zip Code  
PHILADELPHIA PA 19121-4553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHARIOT COMPANIES

Occupation  
VP BUSINESS DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165591**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANN GOODNIGHT**

Mailing Address 900 APPLETREE LN

City State Zip Code  
CARY NC 27513-3000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAS INSTITUTE INC.

Occupation  
DIRECTOR COMMUNITY RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165561**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EDWARD B. GOODNOW**

Mailing Address 17 CONTENTMENT ISLAND RD

City State Zip Code  
DARIEN CT 06820-6208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOODNOW INVESTMENT GROUP

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173522**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LEAH GOODNIGHT**

Mailing Address 3600 WILLIAMSBOROUGH CT

City	State	Zip Code
RALEIGH	NC	27609-6356

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SAS INSTITUTE**

Occupation  
**DIRECTOR OF MARKETING, UMSTEAD HOT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165730**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN GOODRICH**

Mailing Address 2727 NELSON RD  
APT G206

City	State	Zip Code
LONGMONT	CO	80503-9335

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ENDOSHAPE, INC.**

Occupation  
**PH.D. BIOMATERIALS SCIENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

451.00

**Transaction ID : SA17.160801**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN GOODRICH**

Mailing Address 2727 NELSON RD  
APT G206

City	State	Zip Code
LONGMONT	CO	80503-9335

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ENDOSHAPE, INC.**

Occupation  
**PH.D. BIOMATERIALS SCIENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

451.00

**Transaction ID : SA17.163510**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2751.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN GOODRICH**

Mailing Address **2727 NELSON RD**  
**APT G206**

City	State	Zip Code
<b>LONGMONT</b>	<b>CO</b>	<b>80503-9335</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ENDOSHAPE, INC.**

Occupation  
**PH.D. BIOMATERIALS SCIENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**451.00**

**Transaction ID : SA17.165999**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN GOODRICH**

Mailing Address **2727 NELSON RD**  
**APT G206**

City	State	Zip Code
<b>LONGMONT</b>	<b>CO</b>	<b>80503-9335</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ENDOSHAPE, INC.**

Occupation  
**PH.D. BIOMATERIALS SCIENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**451.00**

**Transaction ID : SA17.169832**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN GOODRICH**

Mailing Address **2727 NELSON RD**  
**APT G206**

City	State	Zip Code
<b>LONGMONT</b>	<b>CO</b>	<b>80503-9335</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ENDOSHAPE, INC.**

Occupation  
**PH.D. BIOMATERIALS SCIENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**451.00**

**Transaction ID : SA17.177712**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOE GOODWIN**

Mailing Address 3071 NEW PACES FERRY RD SE

City	State	Zip Code
ATLANTA	GA	30339-4235

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.157749**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOE GOODWIN**

Mailing Address 3071 NEW PACES FERRY RD SE

City	State	Zip Code
ATLANTA	GA	30339-4235

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.163733**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOE GOODWIN**

Mailing Address 3071 NEW PACES FERRY RD SE

City	State	Zip Code
ATLANTA	GA	30339-4235

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.176811**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOE GOODWIN**

Mailing Address 3071 NEW PACES FERRY RD SE

City	State	Zip Code
ATLANTA	GA	30339-4235

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.180491**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. M. WILLIAMS GOODWYN JR.**

Mailing Address 3100 STERLING RD

City	State	Zip Code
MOUNTAIN BRK	AL	35213-3506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COCA-COLA BOTTLING COMPANY  
UNITED INC

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162950**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BHARATH GOPALASWAMY**

Mailing Address 5121 3RD ST NW

City	State	Zip Code
WASHINGTON	DC	20011-3224

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ATLANTIC COUNCIL

Occupation  
DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.172938**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID GOPLEN**

Mailing Address 123 LIBERTY LN

City

BRENTWOOD

State

CA

Zip Code

94513-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.162780**

Date of Receipt

**10** / **25** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID GOPLEN**

Mailing Address 123 LIBERTY LN

City

BRENTWOOD

State

CA

Zip Code

94513-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.167375**

Date of Receipt

**11** / **11** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID GOPLEN**

Mailing Address 123 LIBERTY LN

City

BRENTWOOD

State

CA

Zip Code

94513-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.170949**

Date of Receipt

**11** / **24** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

45.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 999 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID GOPLEN**

Mailing Address 123 LIBERTY LN

City

BRENTWOOD

State

CA

Zip Code

94513-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.171920**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID GOPLEN**

Mailing Address 123 LIBERTY LN

City

BRENTWOOD

State

CA

Zip Code

94513-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.174550**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID GOPLEN**

Mailing Address 123 LIBERTY LN

City

BRENTWOOD

State

CA

Zip Code

94513-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.175407**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1000 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID GOPLEN**

Mailing Address 123 LIBERTY LN

City

BRENTWOOD

State

CA

Zip Code

94513-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.175756**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID GOPLEN**

Mailing Address 123 LIBERTY LN

City

BRENTWOOD

State

CA

Zip Code

94513-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.178569**

Date of Receipt

**12 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID GOPLEN**

Mailing Address 123 LIBERTY LN

City

BRENTWOOD

State

CA

Zip Code

94513-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.179149**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

85.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1001 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ALISON GORAB**

Mailing Address 920 HARBOR RD

City	State	Zip Code
SOUTHPORT	CT	06890-1469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178154**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ELISE GORAB**

Mailing Address 920 HARBOR RD

City	State	Zip Code
SOUTHPORT	CT	06890-1469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NBC SPORTS GROUP**

Occupation  
**SALES PLANNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178155**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EUGENE A. GORAB**

Mailing Address 920 HARBOR RD

City	State	Zip Code
SOUTHPORT	CT	06890-1469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GREENFIELD PARTNERS**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178162**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1002 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. STEPHANIE GORAB**

Mailing Address 920 HARBOR RD

City	State	Zip Code
SOUTHPORT	CT	06890-1469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178153**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SUZANNE GORAB**

Mailing Address 920 HARBOR RD

City	State	Zip Code
SOUTHPORT	CT	06890-1469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FAIRFIELD PREP.**

Occupation  
**GUIDANCE COUNSELOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178159**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LYNNE M. GORDON**

Mailing Address 915 RIVERVIEW PL

City	State	Zip Code
CINCINNATI	OH	45202-1622

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ARTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.160617**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1003 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN S. GORMAN**

Mailing Address 3531 N DELAWARE ST

City

ARLINGTON

State

VA

Zip Code

22207-2903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CSBS

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4700.00

**Transaction ID : SA17.173673**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA A. GORMAN**

Mailing Address 220 HOLLY DR

City

CHALFONT

State

PA

Zip Code

18914-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THOMSON REUTERS

Occupation

MANAGING EDITOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.160650**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. BRYON J. GORTON**

Mailing Address 1205 TANGLEWOOD TRCE

City

O FALLON

State

IL

Zip Code

62269-3112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HSBS MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.160621**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1004 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. BRYON J. GORTON**

Mailing Address 1205 TANGLEWOOD TRCE

City	State	Zip Code
O FALLON	IL	62269-3112

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HSBS MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.172409**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHAUNCEY GOSS**

Mailing Address PO BOX 1139

City	State	Zip Code
SANIBEL	FL	33957-1139

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GOSS PRACTICAL SOLUTIONS

Occupation  
BUDGET ANALYSIS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161486**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BLAKE GOTTESMAN**

Mailing Address 588 TREMONT ST

City	State	Zip Code
BOSTON	MA	02118-1603

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BERKSHIRE PARTNERS LLC

Occupation  
INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164530**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1005 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DANA GOVENDER**

Mailing Address 5 CAMDEN

City

HEATH

State

TX

Zip Code

75032-6675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUNRISE HOME HEALTH SERVICES

Occupation

PHYSICAL THERAPIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168387**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NEVILLE GOVENDER**

Mailing Address 5 CAMDEN

City

HEATH

State

TX

Zip Code

75032-6675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUNRISE HOME HEALTH SERVICES

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168388**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEROME GRABER**

Mailing Address 1774 COUNTY ROAD 68

City  
AUBURN

State

IN

Zip Code

46706-9521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.159480**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1006 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEROME GRABER**

Mailing Address 1774 COUNTY ROAD 68

City	State	Zip Code
AUBURN	IN	46706-9521

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.160289**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEROME GRABER**

Mailing Address 1774 COUNTY ROAD 68

City	State	Zip Code
AUBURN	IN	46706-9521

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.163809**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEROME GRABER**

Mailing Address 1774 COUNTY ROAD 68

City	State	Zip Code
AUBURN	IN	46706-9521

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.165138**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

16.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1007 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEROME GRABER**

Mailing Address 1774 COUNTY ROAD 68

City	State	Zip Code
AUBURN	IN	46706-9521

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.171094**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEROME GRABER**

Mailing Address 1774 COUNTY ROAD 68

City	State	Zip Code
AUBURN	IN	46706-9521

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.171304**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEROME GRABER**

Mailing Address 1774 COUNTY ROAD 68

City	State	Zip Code
AUBURN	IN	46706-9521

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.00

**Transaction ID : SA17.176851**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

60.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1008 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD W. GRABER**

Mailing Address 123 CAMERON MEWS

City	State	Zip Code
ALEXANDRIA	VA	22314-2603

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HONEYWELL

Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.152782**

Date of Receipt

**09 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ALEXANDRIA GRABER**

Mailing Address 123 CAMERON MEWS

City	State	Zip Code
ALEXANDRIA	VA	22314-2603

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162305**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD W. GRABER**

Mailing Address 123 CAMERON MEWS

City	State	Zip Code
ALEXANDRIA	VA	22314-2603

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HONEYWELL

Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162306**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1009 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KIRK E. GRABLE**

Mailing Address 4529 PANTHERA LEO DR

City	State	Zip Code
CARMEL	IN	46074-4413

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BARNES & THORNBURG LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159239**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FLORENCE GRACE**

Mailing Address 1926 MONTANA AVE

City	State	Zip Code
SANTA MONICA	CA	90403-1912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GRACE PR**

Occupation  
**COMMUNICATIONS CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.164436**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CARLTON GRAHAM**

Mailing Address 2905 PAPER LN

City	State	Zip Code
NEWPORT BEACH	CA	92660-3311

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ARCHITECT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161576**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1010 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TIM GRAHAM**

Mailing Address 7010 OAK RIDGE HWY

City	State	Zip Code
KNOXVILLE	TN	37931-2727

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GRAHAM CORPORATION**

Occupation  
**REAL ESTATE EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158523**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN B. GRANT**

Mailing Address 18307 BURBANK BLVD  
UNIT 114

City	State	Zip Code
TARZANA	CA	91356-2722

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PAUDENTOOL CALIFORNIA**

Occupation  
**SALESPERSON**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.178530**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LORRAINE GRANT**

Mailing Address 81 N. GULF BLVD.

City	State	Zip Code
PLACIDA	FL	33946-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.166595**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1011 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL GRANT**

Mailing Address **81 N. GULF BLVD.**

City	State	Zip Code
PLACIDA	FL	33946-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GRANT MEDICAL TRAN. INC.**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.166596**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LLOYD J. GRATTO**

Mailing Address **1123 POINTE NEWPORT TER**  
**APT 111**

City	State	Zip Code
CASSELBERRY	FL	32707-7215

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.171714**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JAMALYN H. GRAVES**

Mailing Address **2033 GOODVIEW DR**

City	State	Zip Code
GERMANTOWN	TN	38139-5660

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.166618**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1012 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER GRAY**

Mailing Address 550 14TH RD S

City	State	Zip Code
ARLINGTON	VA	22202-7400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US HOUSE OF REPRESENTATIVES

Occupation  
SENIOR ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.158028**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER GRAY**

Mailing Address 550 14TH RD S

City	State	Zip Code
ARLINGTON	VA	22202-7400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US HOUSE OF REPRESENTATIVES

Occupation  
SENIOR ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.168340**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER GRAY**

Mailing Address 550 14TH RD S

City	State	Zip Code
ARLINGTON	VA	22202-7400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US HOUSE OF REPRESENTATIVES

Occupation  
SENIOR ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.174700**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1450.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1013 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER GRAY**

Mailing Address 550 14TH RD S

City

ARLINGTON

State

VA

Zip Code

22202-7400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

US HOUSE OF REPRESENTATIVES

Occupation

SENIOR ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.174906**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER GRAY**

Mailing Address 550 14TH RD S

City

ARLINGTON

State

VA

Zip Code

22202-7400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

US HOUSE OF REPRESENTATIVES

Occupation

SENIOR ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.179888**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BERNARD GRAY**

Mailing Address 705 FAIRFIELD RD NW

City

ATLANTA

State

GA

Zip Code

30327-3223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170644**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1014 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEOFF GRAY**

Mailing Address 6909 AYR LN

City

BETHESDA

State

MD

Zip Code

20817-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GRAY CO. LLC

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173635**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WHITNEY GREAVES**

Mailing Address 304 7TH ST

City

MANHATTAN BEACH

State

CA

Zip Code

90266-5655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CRES MANAGEMENT

Occupation

REAL ESTATE MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168013**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM GREAVES**

Mailing Address 8851 N BAYSIDE DR.

City

BAYSIDE

State

WI

Zip Code

53217-1910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ABPM

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450.00

**Transaction ID : SA17.160557**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1015 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM GREAVES**

Mailing Address **8851 N BAYSIDE DR.**

City	State	Zip Code
BAYSIDE	WI	53217-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ABPM**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1450.00**

**Transaction ID : SA17.166912**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM GREAVES**

Mailing Address **8851 N BAYSIDE DR.**

City	State	Zip Code
BAYSIDE	WI	53217-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ABPM**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1450.00**

**Transaction ID : SA17.169136**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM GREAVES**

Mailing Address **8851 N BAYSIDE DR.**

City	State	Zip Code
BAYSIDE	WI	53217-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ABPM**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1450.00**

**Transaction ID : SA17.181520**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1016 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SAMUEL ANTHONY GRECO**

Mailing Address 9133 CLAYTON MNR

City	State	Zip Code
BOYNTON BEACH	FL	33473-4824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ERNST & YOUNG**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.161604**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. SAMUEL ANTHONY GRECO**

Mailing Address 9133 CLAYTON MNR

City	State	Zip Code
BOYNTON BEACH	FL	33473-4824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ERNST & YOUNG**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.173310**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BRIAN GREENWELL**

Mailing Address 9 STRAW FLOWER PL

City	State	Zip Code
JOHNSON CITY	TN	37604-8614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MULLICAN FLOORING**

Occupation  
**VP SALES AND MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.162242**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

375.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1017 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLINE GREENWALD**

Mailing Address **876 PARK AVE**

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10075-1832**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PSAM**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169888**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES K. GREEN**

Mailing Address **42 FAIRWAY VIEW PT**

City  
**JONESBOROUGH**

State  
**TN**

Zip Code  
**37659-4123**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTH AMERICAN CORPORATION**

Occupation  
**MANUFACTURER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.170647**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CRAIG GREENE**

Mailing Address **17171 HIGHLAND RD**

City  
**BATON ROUGE**

State  
**LA**

Zip Code  
**70810-3802**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DOCTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169875**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1018 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAY I. GREENBLATT**

Mailing Address 102 SALEM RD

City

NEW CANAAN

State

CT

Zip Code

06840-4317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168559**

Date of Receipt

MM / DD / YYYY  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN GREENLEE**

Mailing Address 366 GRAMMAR RD

City

SANFORD

State

ME

Zip Code

04073-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163864**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN GREENLEE**

Mailing Address 366 GRAMMAR RD

City

SANFORD

State

ME

Zip Code

04073-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165722**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1019 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN GREENLEE**

Mailing Address 366 GRAMMAR RD

City State Zip Code  
SANFORD ME 04073-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168946**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN GREENLEE**

Mailing Address 366 GRAMMAR RD

City State Zip Code  
SANFORD ME 04073-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170759**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN GREENLEE**

Mailing Address 366 GRAMMAR RD

City State Zip Code  
SANFORD ME 04073-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172653**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1020 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN GREENLEE**

Mailing Address 366 GRAMMAR RD

City	State	Zip Code
SANFORD	ME	04073-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176337**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN GREENLEE**

Mailing Address 366 GRAMMAR RD

City	State	Zip Code
SANFORD	ME	04073-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178383**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEVIN GREEN**

Mailing Address 3600 MINNESOTA DR

City	State	Zip Code
EDINA	MN	55435-7979

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TRIPLETREE

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155000**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

50.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1021 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KEVIN GREEN**

Mailing Address 3600 MINNESOTA DR

City	State	Zip Code
EDINA	MN	55435-7979

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRIPLETREE**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.A155000**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2500.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. SUSAN GREEN**

Mailing Address 3600 MINNESOTA DR

City	State	Zip Code
EDINA	MN	55435-7979

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.B158491**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☒ Memo Item  
REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. LAURIE A. GREENE**

Mailing Address 15 KIMBALL RD

City	State	Zip Code
LONDONDERRY	NH	03053-2572

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FISHER PROPERTY GROUP**

Occupation  
**ADMINISTRATIVE ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178965**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1022 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY R. GREENBERG**

Mailing Address 589 WOODWARD RD

City	State	Zip Code
NORTH PROVIDENCE	RI	02904-3132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

656.01

**Transaction ID : SA17.155308**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY R. GREENBERG**

Mailing Address 589 WOODWARD RD

City	State	Zip Code
NORTH PROVIDENCE	RI	02904-3132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

656.01

**Transaction ID : SA17.165339**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY R. GREENBERG**

Mailing Address 589 WOODWARD RD

City	State	Zip Code
NORTH PROVIDENCE	RI	02904-3132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

656.01

**Transaction ID : SA17.173203**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1023 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY R. GREENBERG**

Mailing Address 589 WOODWARD RD

City	State	Zip Code
NORTH PROVIDENCE	RI	02904-3132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

656.01

**Transaction ID : SA17.180820**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY R. GREENBERG**

Mailing Address 589 WOODWARD RD

City	State	Zip Code
NORTH PROVIDENCE	RI	02904-3132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

656.01

**Transaction ID : SA17.180960**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MAX GREEN**

Mailing Address 815 N BELGRADE RD

City	State	Zip Code
SILVER SPRING	MD	20902-3245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MERRILL LYNCH

Occupation  
FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.168075**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1024 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MAX GREEN**

Mailing Address **815 N BELGRADE RD**

City	State	Zip Code
SILVER SPRING	MD	20902-3245

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MERRILL LYNCH**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**550.00**

**Transaction ID : SA17.177511**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL GREEN**

Mailing Address **5406 LAMBETH RD**

City	State	Zip Code
BETHESDA	MD	20814-1356

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CSIS**

Occupation  
**PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.181070**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NED GREENE**

Mailing Address **269 S BEVERLY DR**  
**# 1313**

City	State	Zip Code
BEVERLY HILLS	CA	90212-3851

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**447.00**

**Transaction ID : SA17.162654**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**73.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**373.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1025 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NED GREENE**

Mailing Address 269 S BEVERLY DR  
# 1313

City State Zip Code  
BEVERLY HILLS CA 90212-3851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.171206**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

89.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NED GREENE**

Mailing Address 269 S BEVERLY DR  
# 1313

City State Zip Code  
BEVERLY HILLS CA 90212-3851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.178633**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

89.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RANDALL F. GREENE**

Mailing Address PO BOX 952

City State Zip Code  
BRANDON FL 33509-0952

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREENE CAPITAL PARTNERS, LLC

Occupation  
FINANCIAL PLANNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170079**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1178.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1026 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD J. GREENE**

Mailing Address 255 ROUTE 1&9

City	State	Zip Code
JERSEY CITY	NJ	07306-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**IMPERIAL BAG & PAPER**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170058**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT GREENBERG**

Mailing Address 1005 MOUNT CURVE AVE

City	State	Zip Code
MINNEAPOLIS	MN	55403-1126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE 614 COMPANY**

Occupation  
**COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172168**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SHEILA M. GREENWOOD**

Mailing Address 6202 HILLVALE PL

City	State	Zip Code
ALEXANDRIA	VA	22307-1141

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FIRST DATA CORPORATION**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174433**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1027 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAMELA GREER**

Mailing Address 3626 ROCK CREEK DR

City	State	Zip Code
TYLER	TX	75707-1634

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KARIS RESOURCES LLC**

Occupation  
**OIL & GAS SERVICES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163176**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1700.00

☐ Memo Item

**CHARGED BACK**

**B. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY PEROT GREER**

Mailing Address 427 EDEN RD

City	State	Zip Code
STAMFORD	CT	06907-1016

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**T.P GREER ARCHITECTS, LLC**

Occupation  
**ARCHITECT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166094**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ATZENHOFFER CHEVROLET**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.162606**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1010.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1028 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.162751**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.163221**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.166284**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

185.00

**Total This Period (last page this line number only)** .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1029 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.167300**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.172777**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.172778**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1030 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.174424**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.174893**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.175586**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

225.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1031 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.175587**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.177525**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.179085**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1032 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ATZENHOFFER GREESON**

Mailing Address 2605 E LOMA VISTA AVE

City	State	Zip Code
VICTORIA	TX	77901-4432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATZENHOFFER CHEVROLET

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

**Transaction ID : SA17.179890**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BOB GREGG**

Mailing Address 710 REDWING PLACE DR

City	State	Zip Code
HOUSTON	TX	77009-2472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CWT

Occupation  
PROGRAM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.166079**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BOB GREGG**

Mailing Address 710 REDWING PLACE DR

City	State	Zip Code
HOUSTON	TX	77009-2472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CWT

Occupation  
PROGRAM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.167123**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1033 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BOB GREGG**

Mailing Address 710 REDWING PLACE DR

City	State	Zip Code
HOUSTON	TX	77009-2472

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CWT

Occupation  
PROGRAM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.172235**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BOB GREGG**

Mailing Address 710 REDWING PLACE DR

City	State	Zip Code
HOUSTON	TX	77009-2472

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CWT

Occupation  
PROGRAM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.175856**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BOB GREGG**

Mailing Address 710 REDWING PLACE DR

City	State	Zip Code
HOUSTON	TX	77009-2472

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CWT

Occupation  
PROGRAM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.179497**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1034 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EFTYCHIS GREGOS-MOURGINAKIS**

Mailing Address 217 DEBRA LN

City	State	Zip Code
PALM BEACH	FL	33480-3013

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157950**

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JANE GREGUSH**

Mailing Address 287 GEORGE RD SE

City	State	Zip Code
PORT CHARLOTTE	FL	33952-9158

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172978**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS W. GREIN**

Mailing Address 7965 MERIDIAN HILLS LN

City	State	Zip Code
INDIANAPOLIS	IN	46240-2522

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ELI LILLY & COMPANY

Occupation  
SVP, TREASURER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159096**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1035 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN GREULING**

Mailing Address **1561 MONARCH AVE**

City	State	Zip Code
<b>NEW LENOX</b>	<b>IL</b>	<b>60451-2561</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WILL COUNTY CED**

Occupation  
**ECONOMIC DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.157049**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANGELIQUE GRIEPP**

Mailing Address **1090 CHESTNUT ST**

City	State	Zip Code
<b>SAN FRANCISCO</b>	<b>CA</b>	<b>94109-1230</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161572**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALEXANDER GRIEVE**

Mailing Address **1059 PAPER MILL CT NW**

City	State	Zip Code
<b>WASHINGTON</b>	<b>DC</b>	<b>20007-3619</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPEAKER JOHN BOEHNER**

Occupation  
**STAFF ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.163253**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1036 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. C. PERRY GRIFFITH JR.**

Mailing Address **663 FOREST BLVD**

City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46240-2515</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DENISON PARKING**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159240**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GARY GRIFFIN**

Mailing Address **230 COUNTY ROAD 693**

City <b>BUFFALO GAP</b>	State <b>TX</b>	Zip Code <b>79508-2120</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PROPERTY MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158477**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS GRIFFIN**

Mailing Address **1216 SPOTTSWOOD DR**

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32308-5161</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE FIORENTINO GROUP**

Occupation  
**PRINCIPAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.170654**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1300.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1037 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BOBBY GRIGGS**

Mailing Address 602 CAMBRIDGE AVE NE

City	State	Zip Code
FORT WALTON BEACH	FL	32547-1811

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155477**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES CLAYTON GRIGGS**

Mailing Address 260 WASHINGTON ST S

City	State	Zip Code
SALEM	OR	97302-5147

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SAALFELD GRIGGS PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171889**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**COL. LEONARD L. GRIGGS JR.**

Mailing Address 1609 TRADD CT

City	State	Zip Code
CHESTERFIELD	MO	63017-5627

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158350**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1038 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREW GRIGSBY**

Mailing Address 8911 SW 113TH PLACE CIR W

City	State	Zip Code
MIAMI	FL	33176-1185

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HINSHAW & CULBERTSON LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.162789**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW GRIGSBY**

Mailing Address 8911 SW 113TH PLACE CIR W

City	State	Zip Code
MIAMI	FL	33176-1185

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HINSHAW & CULBERTSON LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.169962**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW GRIGSBY**

Mailing Address 8911 SW 113TH PLACE CIR W

City	State	Zip Code
MIAMI	FL	33176-1185

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HINSHAW & CULBERTSON LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.179338**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

375.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1039 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. BOBBI GRIGSBY**

Mailing Address PO BOX 104

City

BATON ROUGE

State

LA

Zip Code

70821-0104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174092**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LANE GRIGSBY**

Mailing Address PO BOX 104

City

BATON ROUGE

State

LA

Zip Code

70821-0104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAJUN INDUSTRIES, LLC

Occupation  
CHAIRMAN EMERITUS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174093**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RYAN GRILLO**

Mailing Address PO BOX 33488

City

WASHINGTON

State

DC

Zip Code

20033-0488

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DCI GROUP

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161906**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1040 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEANMARIE GRIMSLEY**

Mailing Address 3899 ARDEN ST

City

JACKSONVILLE

State

FL

Zip Code

32205-9301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

BOOK EDITOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.165530**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEANMARIE GRIMSLEY**

Mailing Address 3899 ARDEN ST

City

JACKSONVILLE

State

FL

Zip Code

32205-9301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

BOOK EDITOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.167182**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEANMARIE GRIMSLEY**

Mailing Address 3899 ARDEN ST

City

JACKSONVILLE

State

FL

Zip Code

32205-9301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

BOOK EDITOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.172106**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1041 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEANMARIE GRIMSLEY**

Mailing Address 3899 ARDEN ST

City	State	Zip Code
JACKSONVILLE	FL	32205-9301

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
BOOK EDITOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.173317**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEANMARIE GRIMSLEY**

Mailing Address 3899 ARDEN ST

City	State	Zip Code
JACKSONVILLE	FL	32205-9301

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
BOOK EDITOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.177189**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEANMARIE GRIMSLEY**

Mailing Address 3899 ARDEN ST

City	State	Zip Code
JACKSONVILLE	FL	32205-9301

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
BOOK EDITOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.179353**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1042 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANE GRINWIS**

Mailing Address **150 RIVERMEAD RD**  
**APT 230**

City **PETERBOROUGH** State **NH** Zip Code **03458-1819**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.161471**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANE GRINWIS**

Mailing Address **150 RIVERMEAD RD**  
**APT 230**

City **PETERBOROUGH** State **NH** Zip Code **03458-1819**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.167472**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANE GRINWIS**

Mailing Address **150 RIVERMEAD RD**  
**APT 230**

City **PETERBOROUGH** State **NH** Zip Code **03458-1819**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.172685**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1043 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANE GRINWIS**

Mailing Address **150 RIVERMEAD RD**  
**APT 230**

City **PETERBOROUGH** State **NH** Zip Code **03458-1819**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.179640**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. DIANE B. GRISSOM**

Mailing Address **140 WEST ST**

City **NEW YORK** State **NY** Zip Code **10007-2141**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170061**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GARY J. GRISSOM**

Mailing Address **11825 GRANITE BAY PL**

City **AUSTIN** State **TX** Zip Code **78732-2417**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TEXAS ASSOC. INSURORS**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173123**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**IN-KIND: WALL UNIT INSTALLATION**

**Subtotal Of Receipts This Page (optional)**.....

**3250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1044 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANAN GRISSOM**

Mailing Address 11825 GRANITE BAY PL

City	State	Zip Code
AUSTIN	TX	78732-2417

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1140.00

**Transaction ID : SA17.167585**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TOM L. GROOMS**

Mailing Address 4815 6TH STREET CT

City	State	Zip Code
EAST MOLINE	IL	61244-4274

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

**Transaction ID : SA17.170597**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TOM L. GROOMS**

Mailing Address 4815 6TH STREET CT

City	State	Zip Code
EAST MOLINE	IL	61244-4274

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

**Transaction ID : SA17.181696**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

390.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1045 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DIETRICH M. GROSS**

Mailing Address 769 MICHIGAN AVE

City

WILMETTE

State

IL

Zip Code

60091-1956

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JUPITER OXYGEN CORPORATION

Occupation

PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158499**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KURT GROSS**

Mailing Address 436 KINGSWOOD DR

City

EL PASO

State

TX

Zip Code

79932-2245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TENET HEALTHCARE

Occupation

DIRECTOR OF MARKETING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175463**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL GROSSMAN**

Mailing Address 21739 AMBAR DR

City

WOODLAND HILLS

State

CA

Zip Code

91364-5204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PINNACLE CONTRACTING CORP

Occupation

PROJECT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159292**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1046 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ROSALIND REDFERN GROVER**

Mailing Address PO BOX 2127

City	State	Zip Code
MIDLAND	TX	79702-2127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**REDFERN & GROVER RESOURCES**

Occupation  
**OIL & GAS PRODUCER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166589**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FREDERICK GRUBBE**

Mailing Address 1283 W RAVINE HILLS CT

City	State	Zip Code
PALATINE	IL	60067-9108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AI**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.180574**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID GRUNBLATT**

Mailing Address 1343 E 3RD ST

City	State	Zip Code
BROOKLYN	NY	11230-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PROSKAUER ROSE LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161198**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1047 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**REBECCA GRUNEWALD**

Mailing Address 4206 ALLISON AVE

City

DES MOINES

State

IA

Zip Code

50310-3321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.159333**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**REBECCA GRUNEWALD**

Mailing Address 4206 ALLISON AVE

City

DES MOINES

State

IA

Zip Code

50310-3321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.162706**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**REBECCA GRUNEWALD**

Mailing Address 4206 ALLISON AVE

City

DES MOINES

State

IA

Zip Code

50310-3321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.163759**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1048 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**REBECCA GRUNEWALD**

Mailing Address 4206 ALLISON AVE

City

DES MOINES

State

IA

Zip Code

50310-3321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.174169**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**REBECCA GRUNEWALD**

Mailing Address 4206 ALLISON AVE

City

DES MOINES

State

IA

Zip Code

50310-3321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.175797**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KENNETH GUDORF**

Mailing Address 970 CAPE MARCO DR.

City

MARCO ISLAND

State

FL

Zip Code

34145-6399

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168794**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1049 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES GUEITS**

Mailing Address 1505 ROBBIA AVE

City	State	Zip Code
CORAL GABLES	FL	33146-1925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ROIG LAWYERS

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

526.00

**Transaction ID : SA17.170981**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LUIS A. GUERRERO**

Mailing Address 32478 W. TIMBERRIDGE CT.

City	State	Zip Code
WESTLAKE VILLAGE	CA	91361-5500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KNOST, BAUMGARTON

Occupation  
CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169442**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL GUERRA**

Mailing Address 210 E. MAIN, STE. 1200

City	State	Zip Code
EL PASO	TX	79901-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GUERRA INVESTMENT ADVISORS

Occupation  
INVESTMENT ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175582**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2951.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1050 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RUBEN GUERRA**

Mailing Address 5848 DIAMOND POINT CIR

City	State	Zip Code
EL PASO	TX	79912-4154

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GUERRA INVESTMENT ADVISORS**

Occupation  
**INVESTMENT ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175458**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. WENDY M. GUERRERO**

Mailing Address 32478 TIMBERRIDGE CT

City	State	Zip Code
WESTLAKE VILLAGE	CA	91361-5500

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KROST, BAUMGARTEN, KNISS & GUERRERO**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169431**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FRANCISCO J. GUEVARA**

Mailing Address 216 E MARTINEZ ST

City	State	Zip Code
PHARR	TX	78577-1845

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178264**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1051 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AIMEE R. GUIDERA**

Mailing Address 2325 S WILLOW HILL DR

City	State	Zip Code
ORONO	MN	55356-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DATA QUALITY CAMPAIGN

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.173483**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. HOLLY GUIDRY**

Mailing Address 701 POYDRAS ST  
STE 3700

City	State	Zip Code
NEW ORLEANS	LA	70139-7704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163181**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SHANE J. GUIDRY**

Mailing Address 701 POYDRAS ST  
STE 3700

City	State	Zip Code
NEW ORLEANS	LA	70139-7704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HARVEY GULF INTERNATIONAL MARINE

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163182**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1052 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BEN GUILL**

Mailing Address 1912 LARCHMONT RD

City	State	Zip Code
HOUSTON	TX	77019-3122

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WHITE DEER ENERGY**

Occupation  
**PRIVATE EQUITY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164419**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CELIA L. GUILLEN**

Mailing Address 4960 SW 72ND AVE  
STE 201

City	State	Zip Code
MIAMI	FL	33155-5549

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178277**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSE L. GUILLEN**

Mailing Address 8291 SW 172ND ST

City	State	Zip Code
PALMETTO BAY	FL	33157-4766

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178278**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1053 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. VANESSA GUILLERMETY**

Mailing Address 5927 ALMEDA RD  
UNIT 21207

City State Zip Code  
HOUSTON TX 77004-7792

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANDREWS KURTH LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163193**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN GUITAR**

Mailing Address 1331 BRICKELL BAY DR  
APT 2505

City State Zip Code  
MIAMI FL 33131-3683

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALL ABOARD FLORIDA

Occupation  
DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169802**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY GULDNER**

Mailing Address 1080 E BIRCHWOOD PL

City State Zip Code  
CHANDLER AZ 85249-5136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ARIZONA PUBLIC SERVICE COMPANY

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159437**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2500.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1054 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEVEN GUMINS**

Mailing Address 705 ASHLEY RD

City

SANTA BARBARA

State

CA

Zip Code

93108-1131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ATHENS CAPITAL MANAGEMENT

Occupation

MD

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.160765**

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVEN GUMINS**

Mailing Address 705 ASHLEY RD

City

SANTA BARBARA

State

CA

Zip Code

93108-1131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ATHENS CAPITAL MANAGEMENT

Occupation

MD

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169825**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER GUNDERMAN**

Mailing Address 5418 KANSAS STREET

City

HOUSTON

State

TX

Zip Code

77007-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ASSET RISK MANAGEMENT

Occupation

OIL & GAS COMMERCIAL DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.161075**

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1055 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER GUNDERMAN**

Mailing Address **5418 KANSAS STREET**

City

**HOUSTON**

State

**TX**

Zip Code

**77007-1102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ASSET RISK MANAGEMENT**

Occupation

**OIL & GAS COMMERCIAL DEVELOPMENT**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.169069**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEROME GUNDERSEN**

Mailing Address **N1971 CRESTVIEW PL**

City

**LA CROSSE**

State

**WI**

Zip Code

**54601-7109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.164317**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEROME GUNDERSEN**

Mailing Address **N1971 CRESTVIEW PL**

City

**LA CROSSE**

State

**WI**

Zip Code

**54601-7109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.171674**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1056 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEROME GUNDERSEN**

Mailing Address **N1971 CRESTVIEW PL**

City <b>LA CROSSE</b>	State <b>WI</b>	Zip Code <b>54601-7109</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.178863**

Date of Receipt

M M / D D / Y Y Y Y
12 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILIP GUNN**

Mailing Address **10013 HIDDEN FALLS DR**

City <b>PEARLAND</b>	State <b>TX</b>	Zip Code <b>77584-3090</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CITIGROUP**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.171394**

Date of Receipt

M M / D D / Y Y Y Y
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDERS GUSTAFFSON**

Mailing Address **475 HALF DAY RD**  
**STE 500**

City <b>LINCOLNSHIRE</b>	State <b>IL</b>	Zip Code <b>60069-2938</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ZEBRA TECHNOLOGIES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.155478**

Date of Receipt

M M / D D / Y Y Y Y
10 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1057 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES GUSTAFSON**

Mailing Address 27203 JADE ISLE CT

City	State	Zip Code
LEESBURG	FL	34748-2147

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.160824**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELAZAR GUTTMAN**

Mailing Address 41 WOODWARD AVE

City	State	Zip Code
CLIFTON	NJ	07012-1268

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KIRKLAND & ELLIS

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1010.00

**Transaction ID : SA17.161678**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHAN GUY**

Mailing Address 12234 CATALINA BLVD

City	State	Zip Code
SPERRY	OK	74073-6703

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

775.00

**Transaction ID : SA17.173979**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

510.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1058 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHAN GUY**

Mailing Address 12234 CATALINA BLVD

City	State	Zip Code
SPERRY	OK	74073-6703

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

775.00

**Transaction ID : SA17.174208**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHAN GUY**

Mailing Address 12234 CATALINA BLVD

City	State	Zip Code
SPERRY	OK	74073-6703

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

775.00

**Transaction ID : SA17.177315**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAIME GUZMAN-FOURNIER**

Mailing Address PO BOX 927390

City	State	Zip Code
SAN DIEGO	CA	92192-7390

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JGF FINANCIAL, INC.

Occupation  
INVESTMENT CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.159045**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1525.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1059 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH GUZMAN**

Mailing Address 4084 HULETT RD

City	State	Zip Code
OKEMOS	MI	48864-3257

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175688**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ORPHA HAAG**

Mailing Address 58 FLORHAM PARK DR

City	State	Zip Code
SPRING	TX	77379-3662

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.181139**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. BERNADETTE HAAS**

Mailing Address 500 TOWER PKWY

City	State	Zip Code
LINCOLNSHIRE	IL	60069-3600

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
CARL A. HAAS AUTOMOBILE IMPORTS, INC.	PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.172390**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1060 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD HAAS**

Mailing Address **378 OAK AVE**

City

**CEDARHURST**

State

**NY**

Zip Code

**11516-1824**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THIRD POINT LLC**

Occupation

**CHIEF FINANCIAL OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157672**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LAWRENCE D. HABER**

Mailing Address **62 CHESTER ST**

City

**STAMFORD**

State

**CT**

Zip Code

**06905-3944**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.181717**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARILYN HABERKAMP**

Mailing Address **P.O. BOX 683516**

City

**ORLANDO**

State

**FL**

Zip Code

**32868-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163366**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3050.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1061 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARILYN HABERKAMP**

Mailing Address P.O. BOX 683516

City	State	Zip Code
ORLANDO	FL	32868-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174499**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JACK O. HACKETT II**

Mailing Address 1869 CITRON ST

City	State	Zip Code
PUNTA GORDA	FL	33980-2423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FAR LAW FIRM

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169820**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEVIN R. HACKETT**

Mailing Address 17 E 89TH ST

City	State	Zip Code
NEW YORK	NY	10128-0615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PROSKAUER ROSE LLP

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161195**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1062 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY O. HACKETT**

Mailing Address 1869 CITRON ST

City

PUNTA GORDA

State

FL

Zip Code

33980-2423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169812**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNIFER HADA**

Mailing Address 350 CEDAR LN

City

NEW CANAAN

State

CT

Zip Code

06840-5120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168255**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KENNETH HAESLY**

Mailing Address 5600 SMU BLVD  
APT 3520

City

DALLAS

State

TX

Zip Code

75206-5290

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166298**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1063 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH HAFNER**

Mailing Address **23 FARNHAM PARK DR**

City	State	Zip Code
HOUSTON	TX	77024-7501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.174012**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVEN HAGAN**

Mailing Address **43 CONCORD RD**

City	State	Zip Code
BEDFORD	MA	01730-1537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ORACLE**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.179065**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DIANNE HAGAR**

Mailing Address **3610 RIDGE POINTE DR**

City	State	Zip Code
GENEVA	IL	60134-5103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.167680**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**75.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**825.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1064 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. JONATHAN K. HAGE**

Mailing Address 2841 NE 38TH ST

City	State	Zip Code
FORT LAUDERDALE	FL	33308-5825

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.174945**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. JONATHAN K. HAGE**

Mailing Address 2841 NE 38TH ST

City	State	Zip Code
FORT LAUDERDALE	FL	33308-5825

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.174945B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)

**MR. JONATHAN K. HAGE**

Mailing Address 2841 NE 38TH ST

City	State	Zip Code
FORT LAUDERDALE	FL	33308-5825

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.178128**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....

1000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1065 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BARBARA HAGEN**

Mailing Address 907 BAYSHORE RD

City

NOKOMIS

State

FL

Zip Code

34275-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMCAST

Occupation

MANAGEMENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179091**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KARL HAGEN**

Mailing Address 907 BAYSHORE RD

City

NOKOMIS

State

FL

Zip Code

34275-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.181747**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE HAGER**

Mailing Address 28642 LA CAILLE DR

City

NAPLES

State

FL

Zip Code

34119-0925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESS HEALTHCARE

Occupation

CEO

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159460**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1066 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREW HAGOPIAN**

Mailing Address 3950 LAS VEGAS BLVD S

City	State	Zip Code
LAS VEGAS	NV	89119-1005

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MGM RESORTS INTERNATIONAL**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171042**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW HAGOPIAN**

Mailing Address 3950 LAS VEGAS BLVD S

City	State	Zip Code
LAS VEGAS	NV	89119-1005

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MGM RESORTS INTERNATIONAL**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179340**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ATHER HAIDRI**

Mailing Address 1507 FOLGER DR

City	State	Zip Code
BELMONT	CA	94002-1829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HP**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.162658**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1067 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ATHER HAIDRI**

Mailing Address 1507 FOLGER DR

City

**BELMONT**

State

**CA**

Zip Code

**94002-1829**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HP**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.174123**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ATHER HAIDRI**

Mailing Address 1507 FOLGER DR

City

**BELMONT**

State

**CA**

Zip Code

**94002-1829**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HP**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.179892**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. GEORGE MICHEL HAIK JR.**

Mailing Address 296 AUDUBON BLVD

City

**NEW ORLEANS**

State

**LA**

Zip Code

**70125-4125**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.174781**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**775.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1068 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PAULA J. HAIKO**

Mailing Address 4145 CYPRESS REACH CT  
APT 505

City State Zip Code  
POMPAÑO BEACH FL 33069-6539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MORGAN OLSEN & OLSEN

Occupation  
PARALEGAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174958**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL HAIL**

Mailing Address PO BOX 43

City State Zip Code  
SOMERSET KY 42502-0043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MOREHEAD STATE UNIVERSITY

Occupation  
PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.158300**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL HAIL**

Mailing Address PO BOX 43

City State Zip Code  
SOMERSET KY 42502-0043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MOREHEAD STATE UNIVERSITY

Occupation  
PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.171308**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

530.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1069 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PHILIP E. HAKOPIAN**

Mailing Address 10618 RIDGE CANYON RD

City	State	Zip Code
ALTA LOMA	CA	91737-2490

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.181134**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. TERRELL LYNN HALASKA**

Mailing Address 3205 GILBERT ST

City	State	Zip Code
AUSTIN	TX	78703-2221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HCM STRATEGISTS**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

**Transaction ID : SA17.168174**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. TERRELL LYNN HALASKA**

Mailing Address 3205 GILBERT ST

City	State	Zip Code
AUSTIN	TX	78703-2221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HCM STRATEGISTS**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

**Transaction ID : SA17.180774**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1070 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID D. HALBERT**

Mailing Address **6655 N MACARTHUR BLVD**

City	State	Zip Code
IRVING	TX	75039-2443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CARIS LIFE SCIENCES**

Occupation  
**CEO/CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.155295**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATHRYN HALBERT**

Mailing Address **6655 N MACARTHUR BLVD**

City	State	Zip Code
IRVING	TX	75039-2443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CARIS FOUNDATION**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.155294**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATHERINE HALEY**

Mailing Address **1600 N OAK ST**  
**APT 521**

City	State	Zip Code
ARLINGTON	VA	22209-2763

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US HOUSE OF REPRESENTATIVES**

Occupation  
**POLICY ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1600.00**

**Transaction ID : SA17.157023**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1071 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KATHERINE HALEY**

Mailing Address 1600 N OAK ST  
APT 521

City ARLINGTON State VA Zip Code 22209-2763

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US HOUSE OF REPRESENTATIVES

Occupation  
POLICY ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

**Transaction ID : SA17.163330**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELISSA STEELMAN HALL**

Mailing Address 1516 JACK RD

City LEBANON State OH Zip Code 45036-9631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.172431**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JEROME HALL**

Mailing Address 5205 N O CONNOR BLVD  
STE 200

City IRVING State TX Zip Code 75039-3789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PIONEER NATURAL RESOURCES

Occupation  
E.V.P.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160708**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1072 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEITH HALL**

Mailing Address 11365 BEECHER CIR E

City	State	Zip Code
JACKSONVILLE	FL	32223-7944

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

**Transaction ID : SA17.159681**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEITH HALL**

Mailing Address 11365 BEECHER CIR E

City	State	Zip Code
JACKSONVILLE	FL	32223-7944

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

**Transaction ID : SA17.163591**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEITH HALL**

Mailing Address 11365 BEECHER CIR E

City	State	Zip Code
JACKSONVILLE	FL	32223-7944

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

**Transaction ID : SA17.173871**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

85.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1073 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEITH HALL**

Mailing Address 11365 BEECHER CIR E

City	State	Zip Code
JACKSONVILLE	FL	32223-7944

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

**Transaction ID : SA17.176164**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEITH HALL**

Mailing Address 11365 BEECHER CIR E

City	State	Zip Code
JACKSONVILLE	FL	32223-7944

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

**Transaction ID : SA17.181553**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LAVONNE C. HALL**

Mailing Address 10606 RYCROFT WAY

City	State	Zip Code
BAKERSFIELD	CA	93311-2959

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HALL AMBULANCE INC.**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.160107**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1074 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARGARET HALL**

Mailing Address 10001 OLD WARDEN RD

City	State	Zip Code
RALEIGH	NC	27615-1128

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.166649**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARGARET HALL**

Mailing Address 10001 OLD WARDEN RD

City	State	Zip Code
RALEIGH	NC	27615-1128

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173945**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHANIE HALL**

Mailing Address 1 DAVIS LN

City	State	Zip Code
AMHERST	NH	03031-3309

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMCAST

Occupation  
VP SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175082**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1075 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN HALLAM**

Mailing Address 4204 EDMONDSON AVE

City	State	Zip Code
DALLAS	TX	75205-2702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BEN E. KEITH COMPANY**

Occupation  
**PRESIDENT/COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169436**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN HALLAM**

Mailing Address 4204 EDMONDSON AVE

City	State	Zip Code
DALLAS	TX	75205-2702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BEN E. KEITH COMPANY**

Occupation  
**PRESIDENT/COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169436B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**KRISTINA HALLAM**

Mailing Address 4204 EDMONDSON AVE

City	State	Zip Code
DALLAS	TX	75205-2702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174967**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1076 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD A. HALLER SR.**

Mailing Address 330 QUAIL RUN RD

City	State	Zip Code
MIDDLETOWN	OH	45042-3861

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174995**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM HALLISEY**

Mailing Address 20 HILLSIDE DR

City	State	Zip Code
GREENWICH	CT	06830-4752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.163234**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM HALLISEY**

Mailing Address 20 HILLSIDE DR

City	State	Zip Code
GREENWICH	CT	06830-4752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.167382**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

400.00

Total This Period (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1077 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. HILARY A. HALPERN**

Mailing Address 1721 21ST ST NW

City	State	Zip Code
WASHINGTON	DC	20009-1111

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158856**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. HILARY A. HALPERN**

Mailing Address 1721 21ST ST NW

City	State	Zip Code
WASHINGTON	DC	20009-1111

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.163254**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROD C. HALSELL**

Mailing Address 10236 CARNEGIE CLUB DR

City	State	Zip Code
COLLIERVILLE	TN	38017-9001

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AUTOZONE, INC.**

Occupation  
**SR. VICE PRESIDENT OF SUPPLY CHAIN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.166615**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1078 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DIANE M. HALVERSON**

Mailing Address **111 RIVERSIDE AVE**

City	State	Zip Code
JACKSONVILLE	FL	32202-4905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170652**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS HAMBURGER**

Mailing Address **719 GRISWOLD ST  
STE 2100**

City	State	Zip Code
DETROIT	MI	48226-3360

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE PROFESSIONAL GROUP**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161512**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PAUL HAMBURGER**

Mailing Address **11765 GAINSBOROUGH RD**

City	State	Zip Code
POTOMAC	MD	20854-3247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PROSKAUER ROSE LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158443**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**6400.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1079 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FRED HAMES**

Mailing Address 3944 FONTAINEBLEAU DR

City	State	Zip Code
TAMPA	FL	33634-7421

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SHANKA USA**

Occupation  
**GENERAL MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158547**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BILLY HAMID**

Mailing Address 16650 HUEBNER RD  
APT. 1213

City	State	Zip Code
SAN ANTONIO	TX	78248-2319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AUTO GROSS MARKETING  
CONSULTANTS**

Occupation  
**ACCOUNT EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166708**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BILLY HAMID**

Mailing Address 16650 HUEBNER RD  
APT. 1213

City	State	Zip Code
SAN ANTONIO	TX	78248-2319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AUTO GROSS MARKETING  
CONSULTANTS**

Occupation  
**ACCOUNT EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.170327**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1065.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1080 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BILLY HAMID**

Mailing Address 16650 HUEBNER RD  
APT. 1213

City State Zip Code  
SAN ANTONIO TX 78248-2319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTO GROSS MARKETING CONSULTANTS

Occupation  
ACCOUNT EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.174018**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BILLY HAMID**

Mailing Address 16650 HUEBNER RD  
APT. 1213

City State Zip Code  
SAN ANTONIO TX 78248-2319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTO GROSS MARKETING  
CONSULTANTS

Occupation  
ACCOUNT EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.178202**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BILLY HAMID**

Mailing Address 16650 HUEBNER RD  
APT. 1213

City State Zip Code  
SAN ANTONIO TX 78248-2319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTO GROSS MARKETING  
CONSULTANTS

Occupation  
ACCOUNT EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.181409**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

160.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1081 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FREDERIC C. HAMILTON**

Mailing Address **1560 BROADWAY**  
**STE 2200**

City **DENVER** State **CO** Zip Code **80202-5100**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HAMILTON COMPANY**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161526**

Date of Receipt

**10 / 21 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

**2600.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARY ANN HAMILTON-LAMONT**

Mailing Address **195 GOMEZ RD**

City **HOBE SOUND** State **FL** Zip Code **33455-2514**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.179014**

Date of Receipt

**12 / 29 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JAMES HAMMONDS**

Mailing Address **755 PLANTATION DR**

City **SELMA** State **AL** Zip Code **36701-0821**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**LAND MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.162360**

Date of Receipt

**10 / 23 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**5400.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1082 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES HAMMONDS**

Mailing Address 755 PLANTATION DR

City	State	Zip Code
SELMA	AL	36701-0821

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAND MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170342**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES HAMMONDS**

Mailing Address 755 PLANTATION DR

City	State	Zip Code
SELMA	AL	36701-0821

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAND MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178315**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN R. HAMMOND III**

Mailing Address 612 E 13TH ST

City	State	Zip Code
INDIANAPOLIS	IN	46202-2732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ICE MILLER LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159222**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1083 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL L. HAMMOND**

Mailing Address PO BOX 1286

City

PORT SAINT JOE

State

FL

Zip Code

32457-1286

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PREBLE-RISH CONSULTING ENGINEERS

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173095**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD HAN**

Mailing Address 2277 HIGHLAND VISTA DR

City

ARCADIA

State

CA

Zip Code

91006-1534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUN PROPERTIES

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177420**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES HANDLEY**

Mailing Address 10 WILLOW GREEN DR

City

COCOA BEACH

State

FL

Zip Code

32931-2017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174138**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1084 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ERIN C. HANGARTNER**

Mailing Address 907 HENRY CLAY AVE

City	State	Zip Code
NEW ORLEANS	LA	70118-5934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.174789**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK E. HANIFORD**

Mailing Address 261 SKYVIEW DR

City	State	Zip Code
ARCADE	NY	14009-9520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCHUAN'S INC.**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163016**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DON HANKEY**

Mailing Address 4757 WILSHIRE BLVD  
STE 110

City	State	Zip Code
LOS ANGELES	CA	90010-3826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HANKEY GROUP**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178078**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RONALD HANKINS**

Mailing Address 3201 DALLAS BLVD

City

ORLANDO

State

FL

Zip Code

32833-4128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GPD PATHOLOGY, LLC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170965**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TRIPP HANLEY**

Mailing Address 2684 RIVERWOOD TRL

City

FORT WORTH

State

TX

Zip Code

76109-9502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175854**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PATRICK L. HANLON**

Mailing Address 3407 W OAKELLAR AVE

City

TAMPA

State

FL

Zip Code

33611-2921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CARECENTRIX

Occupation

ADMIN OPS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.158696**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1086 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PATRICK L. HANLON**

Mailing Address **3407 W OAKELLAR AVE**

City	State	Zip Code
TAMPA	FL	33611-2921

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CARECENTRIX**

Occupation  
**ADMIN OPS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.173716**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PATRICK L. HANLON**

Mailing Address **3407 W OAKELLAR AVE**

City	State	Zip Code
TAMPA	FL	33611-2921

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CARECENTRIX**

Occupation  
**ADMIN OPS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.177463**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PATRICK L. HANLON**

Mailing Address **3407 W OAKELLAR AVE**

City	State	Zip Code
TAMPA	FL	33611-2921

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CARECENTRIX**

Occupation  
**ADMIN OPS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.179031**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1087 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BETTY HANN**

Mailing Address 1117 E AVENUE J5

City

LANCASTER

State

CA

Zip Code

93535-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.165812**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BETTY HANN**

Mailing Address 1117 E AVENUE J5

City

LANCASTER

State

CA

Zip Code

93535-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.168751**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BETTY HANN**

Mailing Address 1117 E AVENUE J5

City

LANCASTER

State

CA

Zip Code

93535-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.173701**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BETTY HANN**

Mailing Address 1117 E AVENUE J5

City

LANCASTER

State

CA

Zip Code

93535-4204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.175127**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BETTY HANN**

Mailing Address 1117 E AVENUE J5

City

LANCASTER

State

CA

Zip Code

93535-4204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.179531**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM F. HANNES**

Mailing Address 5205 N O CONNOR BLVD  
STE 200

City

IRVING

State

TX

Zip Code

75039-3789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PIONEER NATURE & RESOURCES

Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161324**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1089 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARC P. HANRAHAN**

Mailing Address 6 LEONARD RD

City	State	Zip Code
BRONXVILLE	NY	10708-1607

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MILBANK, TWEED, HADLEY

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174650**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES HANSBERGER**

Mailing Address 1416 GARMON FERRY RD NW

City	State	Zip Code
ATLANTA	GA	30327-3838

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MORGAN STANLEY

Occupation  
MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175697**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

3400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES HANSBERGER**

Mailing Address 1416 GARMON FERRY RD NW

City	State	Zip Code
ATLANTA	GA	30327-3838

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MORGAN STANLEY

Occupation  
MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175697B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-1700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

6100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1090 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LYN HANSBERGER**

Mailing Address 1416 GARMON FERRY RD NW

City	State	Zip Code
ATLANTA	GA	30327-3838

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177388**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**CHRISTA HANSEN**

Mailing Address 3364 MARONEAL ST

City	State	Zip Code
HOUSTON	TX	77025-2022

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162011**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEANNA HANSEN**

Mailing Address 2013 LAURIE LN

City	State	Zip Code
HOLLAND	MI	49424-9082

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157990**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1091 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEANNA HANSEN**

Mailing Address 2013 LAURIE LN

City

HOLLAND

State

MI

Zip Code

49424-9082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168953**

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEANNA HANSEN**

Mailing Address 2013 LAURIE LN

City

HOLLAND

State

MI

Zip Code

49424-9082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177260**

Date of Receipt

MM / DD / YYYY  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JENI HANSEN**

Mailing Address 1425 17TH ST NW  
APT 703

City

WASHINGTON

State

DC

Zip Code

20036-6407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOEING

Occupation

LEGAL

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.157315**

Date of Receipt

MM / DD / YYYY  
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1092 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JENI HANSEN**

Mailing Address **1425 17TH ST NW**  
**APT 703**

City **WASHINGTON** State **DC** Zip Code **20036-6407**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOEING**

Occupation  
**LEGAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**201.00**

**Transaction ID : SA17.160821**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENI HANSEN**

Mailing Address **1425 17TH ST NW**  
**APT 703**

City **WASHINGTON** State **DC** Zip Code **20036-6407**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOEING**

Occupation  
**LEGAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**201.00**

**Transaction ID : SA17.173144**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW D. HANSEN**

Mailing Address **3364 MARONEAL ST**

City **HOUSTON** State **TX** Zip Code **77025-2022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ALTAS MERCHANT CAPTIAL**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164121**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2801.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL W. HANSEN**

Mailing Address **735 ESSINGTON RD**  
**STE 102**

City **JOLIET** State **IL** Zip Code **60435-2830**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158506**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MIKE HANSEN**

Mailing Address **393 COOPERWOOD RD**

City **CRAWFORDVILLE** State **FL** Zip Code **32327-5316**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FLORIDA COUNCIL FOR COMMUNITY**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163547**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CARL T. HANSLA**

Mailing Address **3535 RICE LAKE LOOP**

City **LONGWOOD** State **FL** Zip Code **32779-3081**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LADYBIRD ENTERPRISE, INC.**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158871**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1094 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JESSICA HANSON HANNA**

Mailing Address 23 W SPRING ST

City

ALEXANDRIA

State

VA

Zip Code

22301-2450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PROPERTY CASUALTY INSURANCE

Occupation

PUBLIC AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

**Transaction ID : SA17.175703**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KERRY HANSON**

Mailing Address 142 BRIDLE PATH LN

City

NEW CANAAN

State

CT

Zip Code

06840-3907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

DECORATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159067**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMIE HANTMAN**

Mailing Address 245 7TH AVE

7A

City

NEW YORK

State

NY

Zip Code

10001-7301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.167295**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1095 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RANDALL H. HARBERT**

Mailing Address 10 SUNSET RD

City

BLOOMINGTON

State

IL

Zip Code

61701-2017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STATE FARM

Occupation

INSURANCE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168061**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. J. MARK HARDEE**

Mailing Address 1967 DUNBARTON DR

STE A

City

JACKSON

State

MS

Zip Code

39216-5002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RIG MANAGERS, INC.

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.172324**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SUSAN HARDEE**

Mailing Address 1967 DUNBARTON DR

STE A

City

JACKSON

State

MS

Zip Code

39216-5002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.172318**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1096 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID HARDISON**

Mailing Address **5167 NW VIEWPOINT LN**

City

**BREMERTON**

State

**WA**

Zip Code

**98312-9577**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**US NAVY**

Occupation

**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.179896**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID C. HARDIE**

Mailing Address **555 DALE DR**

City

**INCLINE VILLAGE**

State

**NV**

Zip Code

**89451-8302**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HALLADOR INVESTMENT ADVISERS**

Occupation

**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.161001**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID R. HARDY**

Mailing Address **122 E RIDGE RD**

City

**WACCABUC**

State

**NY**

Zip Code

**10597-1203**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**OSLER, HOSKIN AND HARCOURT**

Occupation

**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.173974**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1097 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID R. HARDY**

Mailing Address 122 E RIDGE RD

City

WACCABUC

State

NY

Zip Code

10597-1203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

OSLER, HOSKIN AND HARCOURT

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.181499**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH HARDY**

Mailing Address 522 TOWNSEND ST

City

BIRMINGHAM

State

MI

Zip Code

48009-1449

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KIENBAUM, OPPERWALL, HARDY,  
PELTON

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161367**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS HARDY**

Mailing Address 1012 WAYNEWOOD BLVD

City

ALEXANDRIA

State

VA

Zip Code

22308-2612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

U.S. GOVERNMENT

Occupation

TRADE SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158180**

Date of Receipt

**10 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1098 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID SCOTT HARKEY**

Mailing Address 1031 N POPLAR CT

City

CHANDLER

State

AZ

Zip Code

85226-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OWENS HARKEY ADVERTISING

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159438**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN J. HARMELIN**

Mailing Address 233 S 6TH ST

APT 1709

City

PHILADELPHIA

State

PA

Zip Code

19106-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DILWORTH PAXSON

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.166343**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PENNY HARMON**

Mailing Address 10051 E HIGHLAND RD

# 29-408

City

HOWELL

State

MI

Zip Code

48843-6317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEXTERITY CONSTRUCTION CO.

Occupation

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165429**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1099 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT HARMON**

Mailing Address 10051 E HIGHLAND RD  
# 29-408

City State Zip Code  
HOWELL MI 48843-6317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEXTERITY CONSTRUCTION

Occupation  
CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165460**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL HARP**

Mailing Address 14611 LANDIS LAKES DR

City State Zip Code  
LOUISVILLE KY 40245-3969

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.180927**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CECIL W. HARPER**

Mailing Address 169 WAYS WAY

City State Zip Code  
MADISON MS 39110-8793

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARPER, RAINS, KNIGHT & COMPANY

Occupation  
C.P.A.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173264**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1100 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JACK HARPER**

Mailing Address 2009 WINFIELD RD

City	State	Zip Code
MIDLAND	TX	79705-8669

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CONCHO RESOURCES**

Occupation  
**OIL & GAS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164355**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SHELLEY HARPER**

Mailing Address 2009 WINFIELD RD

City	State	Zip Code
MIDLAND	TX	79705-8669

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164345**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALVIN CORNELL HARRELL**

Mailing Address 3301 S WESTERN AVE

City	State	Zip Code
OKLAHOMA CITY	OK	73109-2408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OKLAHOMA CITY UNIVERSITY**

Occupation  
**PROFESSOR OF LAW**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.158786**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1101 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALVIN CORNELL HARRELL**

Mailing Address 3301 S WESTERN AVE

City	State	Zip Code
OKLAHOMA CITY	OK	73109-2408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
OKLAHOMA CITY UNIVERSITY

Occupation  
PROFESSOR OF LAW

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.170845**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALVIN CORNELL HARRELL**

Mailing Address 3301 S WESTERN AVE

City	State	Zip Code
OKLAHOMA CITY	OK	73109-2408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
OKLAHOMA CITY UNIVERSITY

Occupation  
PROFESSOR OF LAW

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.172361**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MALLORY HARRELL**

Mailing Address 319 ROSEHILL DR E

City	State	Zip Code
TALLAHASSEE	FL	32312-8040

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BUCHANAN INGERSOLL ROONEY

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173306**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1102 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

ALISON HARRIS

Mailing Address 2929 STANFORD AVE

City	State	Zip Code
DALLAS	TX	75225-7802

FEC ID number of contributing federal political committee.

C

Name of Employer  
AT&TOccupation  
CORPORATE STRATEGY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167512**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

ANNE HARRISON

Mailing Address 74 VINEYARD LN

City	State	Zip Code
GREENWICH	CT	06831-3714

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170706**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MS. BARBARA HARRIS

Mailing Address 3130 CAMELLIA ROSE DR  
UNIT 413

City	State	Zip Code
FORT WORTH	TX	76116-0945

FEC ID number of contributing federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169495**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3450.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 1103 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MRS. BOBBYE F. HARRIS

Mailing Address 135 WINDSOR DR

City

CALHOUN

State

GA

Zip Code

30701-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.174998**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

MR. BRENT D. HARRIS

Mailing Address 123 W MILLS AVE

City

EL PASO

State

TX

Zip Code

79901-1339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDUSTRIAL REALTY GROUP

Occupation

REAL ESTATE INVESTOR

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179292**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

JAMES HARRIS

Mailing Address 2929 STANFORD AVE

City

DALLAS

State

TX

Zip Code

75225-7802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167513**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

Subtotal Of Receipts This Page (optional).....

2000.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1104 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN HARRIS**

Mailing Address 10 BUCKINGHAM LN

City	State	Zip Code
WEST HARTFORD	CT	06117-2757

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXINN

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158925**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LAUREN HELD HARRIS**

Mailing Address 2003 WINFIELD RD

City	State	Zip Code
MIDLAND	TX	79705-8669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169409**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ONDRAY HARRIS**

Mailing Address 1220 N HERNDON ST  
APT 808

City	State	Zip Code
ARLINGTON	VA	22201-5055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.155474**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1105 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ONDRAY HARRIS**

Mailing Address 1220 N HERNDON ST  
APT 808

City ARLINGTON State VA Zip Code 22201-5055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.155475**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT M. HARRIS JR.**

Mailing Address 2401 ELLIOTT AVE  
FL 4

City SEATTLE State WA Zip Code 98121-3300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PACIFIC MARKET INTERNATIONAL

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.149976**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT M. HARRIS JR.**

Mailing Address 2401 ELLIOTT AVE  
FL 4

City SEATTLE State WA Zip Code 98121-3300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PACIFIC MARKET INTERNATIONAL

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.149976B**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1106 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. HARRIS JR.**

Mailing Address **2401 ELLIOTT AVE**  
**FL 4**

City **SEATTLE** State **WA** Zip Code **98121-3300**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PACIFIC MARKET INTERNATIONAL**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.170906**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MG RON O. HARRISON**

Mailing Address **PO BOX 328**

City **TAVARES** State **FL** Zip Code **32778-0328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.157103**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ROSS HARRIS**

Mailing Address **7215 FENTON DR**

City **DALLAS** State **TX** Zip Code **75231-8139**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RLH MEDICAL**

Occupation  
**MEDICAL SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168634**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1107 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TOM HARRISON**

Mailing Address 561 LONGLEAF RD

City

SHREVEPORT

State

LA

Zip Code

71106-1223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BROADMOOR BAPTIST CHURCH

Occupation

MINISTER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.160299**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM T. HARRISON III**

Mailing Address 4920 NEW PROVIDENCE AVE

City

TAMPA

State

FL

Zip Code

33629-4815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HARRISON KEMM, P.A.

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158431**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM T. HARRISON III**

Mailing Address 4920 NEW PROVIDENCE AVE

City

TAMPA

State

FL

Zip Code

33629-4815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HARRISON KEMM, P.A.

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.168037**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1108 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ADELE P. HART**

Mailing Address 1400 ALTA DR

City

FORT WORTH

State

TX

Zip Code

76107-1525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164369**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ALEXANDRA B. HART**

Mailing Address 421 W HURON ST  
#807

City

CHICAGO

State

IL

Zip Code

60654-6090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158498**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID J. HART**

Mailing Address 5986 MILES BLAKE CT

City

TALLAHASSEE

State

FL

Zip Code

32309-9168

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLORIDA CHAMBER OF COMMERCE

Occupation  
ASSOCIATION MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180748**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 1109 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A.** Full Name (Last, First, Middle Initial)

MR. JOHN C. HARVEY

Mailing Address 120 E END AVE

# 4A

City

NEW YORK

State

NY

Zip Code

10028-7552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.170534

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)

ROBERT HASELOW

Mailing Address 6408 INTERLACHEN BLVD

City

EDINA

State

MN

Zip Code

55436-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MINNEAPOLIS RADIATION ONCOLOGY

Occupation

PHYSICIAN

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Transaction ID : SA17.178672

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

DR. HASHIM J. HASSAN

Mailing Address 112 GINNALOU DR

City

DOTHAN

State

AL

Zip Code

36303-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ORAL SURGEON

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Transaction ID : SA17.155297

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4800.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1110 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HUGH S. HATCHER**

Mailing Address 205 E DURANT AVE  
APT 2E

City State Zip Code  
ASPEN CO 81611-3813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.175014**

Date of Receipt

M M / D D / Y Y Y Y  
12 11 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HUGH S. HATCHER**

Mailing Address 205 E DURANT AVE  
APT 2E

City State Zip Code  
ASPEN CO 81611-3813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.179898**

Date of Receipt

M M / D D / Y Y Y Y  
12 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. STACEY LYNN HAUGHT**

Mailing Address 131 SCENIC RIDGE DR

City State Zip Code  
VENETIA PA 15367-2341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INVENTIV HEALTH

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

**Transaction ID : SA17.166380**

Date of Receipt

M M / D D / Y Y Y Y  
11 10 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2400.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1111 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS M. HAUGHT**

Mailing Address 131 SCENIC RIDGE DR

City	State	Zip Code
VENETIA	PA	15367-2341

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AC DELLOVADE, INC.

Occupation  
PROJECT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

**Transaction ID : SA17.166379**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2400.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEFF HAUPTMAN**

Mailing Address 611 STRATFORD DR

City	State	Zip Code
ANN ARBOR	MI	48104-2745

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
OXFORD COMPANIES

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163869**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATHRYN HAUSER**

Mailing Address 3808 KLINGLE PL NW

City	State	Zip Code
WASHINGTON	DC	20016-5433

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
POLICY CONNECTIONS INTERNATIONAL, LLC

Occupation  
BUSINESS CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163237**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1112 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT E. HAUSER**

Mailing Address 1010 AMERICAN EAGLE BLVD  
APT 544

City State Zip Code  
SUN CITY CENTER FL 33573-5278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.158717**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT E. HAUSER**

Mailing Address 1010 AMERICAN EAGLE BLVD  
APT 544

City State Zip Code  
SUN CITY CENTER FL 33573-5278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.170606**

Date of Receipt

M M / D D / Y Y Y Y  
11 24 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT E. HAUSER**

Mailing Address 1010 AMERICAN EAGLE BLVD  
APT 544

City State Zip Code  
SUN CITY CENTER FL 33573-5278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.173889**

Date of Receipt

M M / D D / Y Y Y Y  
12 03 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1113 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRIAN HAVEY**

Mailing Address **11645 PARK GREEN DR**

City <b>FAIRFAX</b>	State <b>VA</b>	Zip Code <b>22030-8509</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SAIC**

Occupation  
**PROJECT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173678**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KEVIN HAWK**

Mailing Address **5503 BUTTERNUT CIR**

City <b>MINNETONKA</b>	State <b>MN</b>	Zip Code <b>55343-4330</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CROWN BANK**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.170041**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LESLIE K. HAWKES**

Mailing Address **3785 WENTWORTH WAY**

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32311-3730</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.174380**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1114 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JACK HAWKINS**

Mailing Address 107 E RAYMOND AVE

City	State	Zip Code
ALEXANDRIA	VA	22301-1139

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173218**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BILL HAWLEY**

Mailing Address 5364 ROYAL POINCIANA WAY

City	State	Zip Code
NORTH PORT	FL	34291-8018

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FAWCETT MEMORIAL HOSPITAL**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169844**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. IAN M. HAY**

Mailing Address 4109 NIGERIA ST

# C

City	State	Zip Code
SEBRING	FL	33875-5557

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173247**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1115 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT W. HAYDEN**

Mailing Address PO BOX 1506

City	State	Zip Code
BOCA GRANDE	FL	33921-1506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.156971**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMIL AL HAYEK**

Mailing Address 5 DATER LN

City	State	Zip Code
SADDLE RIVER	NJ	07458-2912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALLENDALE VILLAGE PIZZA INC

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173005**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN D. HAYES**

Mailing Address 49 CARTERET RD

City	State	Zip Code
ALLENDALE	NJ	07401-1853

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AMERICAN EXPRESS COMPANY

Occupation  
MARKETING-CMO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170076**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1116 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KATHLEEN A. HAYES**

Mailing Address 49 CARTERET RD

City	State	Zip Code
ALLENDALE	NJ	07401-1853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170069**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PATRICK HAYES**

Mailing Address 1210 N 62ND ST  
APT 223

City	State	Zip Code
WAUWATOSA	WI	53213-3065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SC JOHNSON

Occupation  
EXTERNAL RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.166537**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD JOSEPH HAZEL JR.**

Mailing Address 1221 CHUB LAKE RD

City	State	Zip Code
ROXBORO	NC	27574-4871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THERMA-TRU CORPORATION

Occupation  
NATIONAL ACCOUNTS MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170072**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5650.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1117 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALBON O. HEAD JR.**

Mailing Address **777 MAIN ST STE 2100**

City	State	Zip Code
<b>FORT WORTH</b>	<b>TX</b>	<b>76102-5366</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JACKSON WALKER L.L.P.**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.169481**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DEBRA JOHNSON HEAD**

Mailing Address **13751 OLD WEATHERFORD RD**

City	State	Zip Code
<b>ALEDO</b>	<b>TX</b>	<b>76008-2920</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169468**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEVIN D. HEAD**

Mailing Address **5300 S PROMONTORY CT**

City	State	Zip Code
<b>ROGERS</b>	<b>AR</b>	<b>72758-4604</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.156841**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1118 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JON HEADLEY**

Mailing Address 1014 S MADISON AVE

City  
PASADENA

State Zip Code  
CA 91106-4365

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE WALT DISNEY COMPANY

Occupation  
TREASURER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160761**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNY HEALEY**

Mailing Address 136 BARRICKLO ST

City  
HAMILTON

State Zip Code  
NJ 08610-6508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.167310**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JENNY HEALEY**

Mailing Address 136 BARRICKLO ST

City  
HAMILTON

State Zip Code  
NJ 08610-6508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.170297**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1119 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JENNY HEALEY**

Mailing Address 136 BARRICKLO ST

City	State	Zip Code
HAMILTON	NJ	08610-6508

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.178056**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNY HEALEY**

Mailing Address 136 BARRICKLO ST

City	State	Zip Code
HAMILTON	NJ	08610-6508

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.178472**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRIAN HEARING**

Mailing Address 5231 PEMBROKE WAY

City	State	Zip Code
SAN RAMON	CA	94582-5927

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
METEORIX LLC

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166184**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1120 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. HECHT**

Mailing Address 2228 ARYNESS DR

City	State	Zip Code
VIENNA	VA	22181-3046

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HECHT LOTHAM SPENCER & ASSOCIATES**

Occupation  
**LOBBYIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.165669**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. FRANCINE HECKERT**

Mailing Address 4 LA ESCOPITA CT

City	State	Zip Code
ALAMOGORDO	NM	88310-9505

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ARTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177922**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SAMANTHA HEGSETH**

Mailing Address 661 NASON HILL RD N

City	State	Zip Code
MARINE ON SAINT CROIX	MN	55047-9629

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LIBERTY CLASSICAL ACADEMY**

Occupation  
**DEVELOPMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173642**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1121 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL HEIDIG**

Mailing Address 6109 22ND ROAD N

City	State	Zip Code
ARLINGTON	VA	22205-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**H&M NETWORKS**

Occupation  
**PROJECT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.163163**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL HEIDIG**

Mailing Address 6109 22ND ROAD N

City	State	Zip Code
ARLINGTON	VA	22205-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**H&M NETWORKS**

Occupation  
**PROJECT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.176585**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL HEIDIG**

Mailing Address 6109 22ND ROAD N

City	State	Zip Code
ARLINGTON	VA	22205-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**H&M NETWORKS**

Occupation  
**PROJECT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.178339**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1122 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEE HENANN**

Mailing Address **8927 STARHAVEN CV**

City

**BOYNTON BEACH**

State

**FL**

Zip Code

**33473-7841**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OPTICAL TEL**

Occupation

**DIRECTOR OF COMMUNITY RELATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.161291**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**225.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BROOKE HENDERSON**

Mailing Address **2510 VIRGINIA AVE NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20037-1902**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRANDLINKDC**

Occupation

**PUBLIC RELATIONS MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2725.00**

**Transaction ID : SA17.167572**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BROOKE HENDERSON**

Mailing Address **2510 VIRGINIA AVE NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20037-1902**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRANDLINKDC**

Occupation

**PUBLIC RELATIONS MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2725.00**

**Transaction ID : SA17.167572B**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-25.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1123 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BROOKE HENDERSON**

Mailing Address 2510 VIRGINIA AVE NW

City

WASHINGTON

State

DC

Zip Code

20037-1902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BRANDLINKDC

Occupation

PUBLIC RELATIONS MANAGER

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2725.00

**Transaction ID : SA17.168673**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**CINDY HENDERSON**

Mailing Address 1089 REUNION DR

City

CHATTANOOGA

State

TN

Zip Code

37421-8338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

EYEAR OPTICAL

Occupation

OPTICIAN

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162576**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CYNTHIA A. HENDERSON**

Mailing Address 2606 THOMASVILLE RD

City

TALLAHASSEE

State

FL

Zip Code

32308-0824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CYNERGY LLC

Occupation

LOBBYIST

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2899.00

**Transaction ID : SA17.174357**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

2750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1124 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GAVEN HENDERSON**

Mailing Address 537 BRIARWOOD LN

City	State	Zip Code
NIPOMO	CA	93444-9302

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BONITA PACKING CO**

Occupation  
**IT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.166183**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GAVEN HENDERSON**

Mailing Address 537 BRIARWOOD LN

City	State	Zip Code
NIPOMO	CA	93444-9302

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BONITA PACKING CO**

Occupation  
**IT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.169548**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GREGORY S. HENDERSON**

Mailing Address 1806 RIDGE RD

City	State	Zip Code
RALEIGH	NC	27607-6740

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166397**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

751.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1125 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. PAULA J. HENDERSON**

Mailing Address 1806 RIDGE RD

City	State	Zip Code
RALEIGH	NC	27607-6740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAS

Occupation  
VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166399**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHRIS HENICK**

Mailing Address 4201 YUMA ST NW

City	State	Zip Code
WASHINGTON	DC	20016-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164378**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. THERESA M. HENKELMANN**

Mailing Address 5 GEORGETOWN N

City	State	Zip Code
GREENWICH	CT	06831-5233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161191**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1126 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JULIETTE C. HENNESSY**

Mailing Address 2660 COULTER SHOALS CIR

City	State	Zip Code
LENOIR CITY	TN	37772-3823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.159215**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JULIETTE C. HENNESSY**

Mailing Address 2660 COULTER SHOALS CIR

City	State	Zip Code
LENOIR CITY	TN	37772-3823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.159215B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MRS. JULIETTE C. HENNESSY**

Mailing Address 2660 COULTER SHOALS CIR

City	State	Zip Code
LENOIR CITY	TN	37772-3823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.175884**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1127 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAVIER A. HENRIQUEZ**

Mailing Address **425 MASSACHUSETTS AVE NW**  
**APT 301**

City **WASHINGTON** State **DC** Zip Code **20001-7615**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CRC COMPANIES**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2725.00**

**Transaction ID : SA17.167870**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAVIER A. HENRIQUEZ**

Mailing Address **425 MASSACHUSETTS AVE NW**  
**APT 301**

City **WASHINGTON** State **DC** Zip Code **20001-7615**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CRC COMPANIES**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2725.00**

**Transaction ID : SA17.179122**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2650.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**C. Full Name (Last, First, Middle Initial)**

**MR. MARIO E. HENRIQUEZ**

Mailing Address **777 BRICKELL AVE**  
**STE 1010**

City **MIAMI** State **FL** Zip Code **33131-2807**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCT MANAGEMENT INC.**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.174388**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4175.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1128 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAUL ERNESTO HENRIQUEZ**

Mailing Address 11 HARBOR PT

City	State	Zip Code
KEY BISCAIYNE	FL	33149-1715

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
AIDE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177464**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID HENRY**

Mailing Address 5408 GREGORY LN

City	State	Zip Code
PARKER	TX	75002-6700

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STATUS JET LLC

Occupation  
PRESIDENT / CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.177560**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GRACE DE H. HENRY**

Mailing Address 6555 GREEN SPARROW LN

City	State	Zip Code
NORTH LAS VEGAS	NV	89084-2235

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.164635**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1129 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JIM C. HENRY**

Mailing Address 3525 ANDREWS HWY  
STE 200

City MIDLAND State TX Zip Code 79703-5054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HENRY RESOURCES, LLC

Occupation  
FOUNDERS & CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162876**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. JIM C. HENRY**

Mailing Address 3525 ANDREWS HWY  
STE 200

City MIDLAND State TX Zip Code 79703-5054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HENRY RESOURCES, LLC

Occupation  
FOUNDERS & CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162876B**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. PAULA A. HENRY**

Mailing Address 3525 ANDREWS HWY  
STE 200

City MIDLAND State TX Zip Code 79703-5054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162879**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1130 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MERTON G. HENRY**

Mailing Address 15 PIPER RD

APT J308

City

SCARBOROUGH

State

ME

Zip Code

04074-7562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172162**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MERTON G. HENRY**

Mailing Address 15 PIPER RD

APT J308

City

SCARBOROUGH

State

ME

Zip Code

04074-7562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179621**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ANN HERBERGER**

Mailing Address 500 W 56TH ST

APT 1417

City

NEW YORK

State

NY

Zip Code

10019-3571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE WOODS HERBERGER GROUP

Occupation

FUNDRAISER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163292**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1131 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANN HERBERGER**

Mailing Address **500 W 56TH ST**  
**APT 1417**

City **NEW YORK** State **NY** Zip Code **10019-3571**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE WOODS HERBERGER GROUP**

Occupation  
**FUNDRAISER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171586**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GAVIN S. HERBERT JR.**

Mailing Address **4100 CALLE ISABELLA**

City **SAN CLEMENTE** State **CA** Zip Code **92672-4568**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163335**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. HINETTA HERBERT**

Mailing Address **4100 CALLE ISABELLA**

City **SAN CLEMENTE** State **CA** Zip Code **92672-4568**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163334**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1132 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. AGUSTIN HERNANDEZ**

Mailing Address 2108 W 62ND ST

City  
HIALEAH

State Zip Code  
FL 33016-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MASTER CAVET

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.160066**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BERNARDO HERNANDEZ**

Mailing Address 1765 E 9TH AVE

City  
HIALEAH

State Zip Code  
FL 33010-3329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPRINKLER RUST CONTROL

Occupation  
HANDYMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169809**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ENZO J. HERNANDEZ PEREZ**

Mailing Address PO BOX 194168

City  
SAN JUAN

State Zip Code  
PR 00919-4168

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161222**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1133 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ENZO J. HERNANDEZ PEREZ**

Mailing Address PO BOX 194168

City	State	Zip Code
SAN JUAN	PR	00919-4168

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173518**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EUGENIO HERNANDEZ**

Mailing Address 2525 PONCE DE LEON BLVD

City	State	Zip Code
CORAL GABLES	FL	33134-6037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
AVILA RODRIGUEZ HERNANDEZ MENA	ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.157952**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EUGENIO HERNANDEZ**

Mailing Address 2525 PONCE DE LEON BLVD

City	State	Zip Code
CORAL GABLES	FL	33134-6037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
AVILA RODRIGUEZ HERNANDEZ MENA	ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.173476**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1134 / 5419

16 17a 17b 17c 17d 18  
19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EUGENIO HERNANDEZ**

Mailing Address 2525 PONCE DE LEON BLVD

City State Zip Code  
CORAL GABLES FL 33134-6037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVILA RODRIGUEZ HERNANDEZ MENA

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.174826**

Date of Receipt

M M / D D / Y Y Y Y  
12 08 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LANCE EDWIN HERNANDEZ**

Mailing Address 17412 SW 33RD ST

City State Zip Code  
MIRAMAR FL 33029-2602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASTER CONSTRUCTION

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160057**

Date of Receipt

M M / D D / Y Y Y Y  
10 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MAURICE R. HERNANDEZ**

Mailing Address 311 NW 19TH ST

City State Zip Code  
HOMESTEAD FL 33030-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. HOUSE OF REPRESENTATIVES

Occupation  
CONSTITUENT SERVICES  
REPRESENTATIVES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.181019**

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1135 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MIKE HERNANDEZ-VILLARREAL**

Mailing Address **8425 VERDOSA DR**

City	State	Zip Code
WHITTIER	CA	90605-1332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAMINO REAL CHEVROLET**

Occupation  
**CUSTOMER SERVICE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.168147**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NANCY HERNANDEZ**

Mailing Address **424 W. RAVINE RD**

City	State	Zip Code
BAYSIDE	WI	53217-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ABRAZO MARKETING**

Occupation  
**MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166087**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PEDRO HERNANDEZ JR.**

Mailing Address **7270 NW 12TH ST**  
**STE 410**

City	State	Zip Code
MIAMI	FL	33126-1941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CENTURY HOMEBUILDERS GROUP**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.169815**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1136 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TYLER HERNANDEZ**

Mailing Address **714 5TH ST SE**

City

**WASHINGTON**

State

**DC**

Zip Code

**20003-4211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**U.S. HOUSE COMMITTEE ON EDUCATION**

Occupation

**PRESS SECRETARY**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.162403**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TYLER HERNANDEZ**

Mailing Address **714 5TH ST SE**

City

**WASHINGTON**

State

**DC**

Zip Code

**20003-4211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**U.S. HOUSE COMMITTEE ON EDUCATION**

Occupation

**PRESS SECRETARY**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.173597**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. ALBERTO J. HERRAN**

Mailing Address **17349 MAGNOLIA ISLAND BLVD**

City

**CLERMONT**

State

**FL**

Zip Code

**34711-8002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.157107**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1137 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JASON HERRICK**

Mailing Address 7901 VALCOUR DR

City

AMARILLO

State

TX

Zip Code

79119-6268

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PANTERA ENERGY

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162742**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JASON PAUL HERRING**

Mailing Address 1527 STONE GATE LN SE

City

ATLANTA

State

GA

Zip Code

30317-2056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AT&T

Occupation  
HR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.162462**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JASON PAUL HERRING**

Mailing Address 1527 STONE GATE LN SE

City

ATLANTA

State

GA

Zip Code

30317-2056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AT&T

Occupation  
HR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.166454**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2730.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1138 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JASON PAUL HERRING**

Mailing Address 1527 STONE GATE LN SE

City	State	Zip Code
ATLANTA	GA	30317-2056

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AT&T

Occupation  
HR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.167696**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

261.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JASON PAUL HERRING**

Mailing Address 1527 STONE GATE LN SE

City	State	Zip Code
ATLANTA	GA	30317-2056

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AT&T

Occupation  
HR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.167697**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

45.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JASON PAUL HERRING**

Mailing Address 1527 STONE GATE LN SE

City	State	Zip Code
ATLANTA	GA	30317-2056

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AT&T

Occupation  
HR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.168436**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

54.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

360.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 1139 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

JASON PAUL HERRING

Mailing Address 1527 STONE GATE LN SE

City	State	Zip Code
ATLANTA	GA	30317-2056

FEC ID number of contributing federal political committee.

C

Name of Employer  
AT&TOccupation  
HR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.168439**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

54.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

JASON PAUL HERRING

Mailing Address 1527 STONE GATE LN SE

City	State	Zip Code
ATLANTA	GA	30317-2056

FEC ID number of contributing federal political committee.

C

Name of Employer  
AT&TOccupation  
HR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.169616**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

JASON PAUL HERRING

Mailing Address 1527 STONE GATE LN SE

City	State	Zip Code
ATLANTA	GA	30317-2056

FEC ID number of contributing federal political committee.

C

Name of Employer  
AT&TOccupation  
HR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.175066**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

60.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1140 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PHILIP F. HERRICK JR.**

Mailing Address 1119 LAURELWOOD DR

City	State	Zip Code
MCLEAN	VA	22102-1518

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174431**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES R. HERTWIG**

Mailing Address 917 1ST ST S  
UNIT 1201

City	State	Zip Code
JACKSONVILLE BEACH	FL	32250-2241

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FLORIDA EAST COAST RAILWAY**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.169787**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HENRY G. HERZING**

Mailing Address 1660 N PROSPECT AVE  
UNIT 1009

City	State	Zip Code
MILWAUKEE	WI	53202-6706

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HERZING COLLEGE**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163174**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3350.00

**Total This Period (last page this line number only)** .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1141 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA OSSIAN HESSE**

Mailing Address 4171 AUTUMN HILLS DR

City	State	Zip Code
WINNEMUCCA	NV	89445-6100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

**Transaction ID : SA17.149606**

Date of Receipt

**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA OSSIAN HESSE**

Mailing Address 4171 AUTUMN HILLS DR

City	State	Zip Code
WINNEMUCCA	NV	89445-6100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

**Transaction ID : SA17.149606B**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1300.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA OSSIAN HESSE**

Mailing Address 4171 AUTUMN HILLS DR

City	State	Zip Code
WINNEMUCCA	NV	89445-6100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

**Transaction ID : SA17.170908**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1300.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1142 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANIS HETRICK**

Mailing Address 10 AQUAMARINE PL

City	State	Zip Code
THE WOODLANDS	TX	77389-2024

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

**Transaction ID : SA17.164150**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANIS HETRICK**

Mailing Address 10 AQUAMARINE PL

City	State	Zip Code
THE WOODLANDS	TX	77389-2024

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

**Transaction ID : SA17.169095**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANIS HETRICK**

Mailing Address 10 AQUAMARINE PL

City	State	Zip Code
THE WOODLANDS	TX	77389-2024

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

**Transaction ID : SA17.172246**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

76.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1143 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANIS HETRICK**

Mailing Address 10 AQUAMARINE PL

City	State	Zip Code
THE WOODLANDS	TX	77389-2024

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

**Transaction ID : SA17.176528**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANIS HETRICK**

Mailing Address 10 AQUAMARINE PL

City	State	Zip Code
THE WOODLANDS	TX	77389-2024

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

**Transaction ID : SA17.179904**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BENJAMIN R. HEWITT**

Mailing Address 2305 EDGEWATER DR  
APT 1710

City	State	Zip Code
ORLANDO	FL	32804-5358

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CORKCICLE

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158870**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1144 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MELISSA HEWITT**

Mailing Address **2305 EDGEWATER DR**  
**APT 1710**

City **ORLANDO** State **FL** Zip Code **32804-5358**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157640**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LAZARUS S. HEYMAN**

Mailing Address **667 MADISON AVE**  
**FL 12**

City **NEW YORK** State **NY** Zip Code **10065-8029**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE HEYMAN ENTERPRISE**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.175223**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LAZARUS S. HEYMAN**

Mailing Address **667 MADISON AVE**  
**FL 12**

City **NEW YORK** State **NY** Zip Code **10065-8029**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE HEYMAN ENTERPRISE**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.175223B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-1700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**2700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1145 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LAZARUS S. HEYMAN**

Mailing Address **667 MADISON AVE**  
**FL 12**

City **NEW YORK** State **NY** Zip Code **10065-8029**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE HEYMAN ENTERPRISE**

Occupation  
**CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.178129**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. HEYMAN**

Mailing Address **133 E 64TH ST**  
**APT 4B**

City **NEW YORK** State **NY** Zip Code **10065-7076**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRAVELERS**

Occupation  
**VICE CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2797.00**

**Transaction ID : SA17.167631**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**30.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. HEYMAN**

Mailing Address **133 E 64TH ST**  
**APT 4B**

City **NEW YORK** State **NY** Zip Code **10065-7076**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRAVELERS**

Occupation  
**VICE CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2797.00**

**Transaction ID : SA17.167631B**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-30.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**30.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1146 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. HEYMAN**

Mailing Address **133 E 64TH ST**  
**APT 4B**

City **NEW YORK** State **NY** Zip Code **10065-7076**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRAVELERS**

Occupation  
**VICE CHAIRMAN**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2797.00**

**Transaction ID : SA17.168672**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**30.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. HEYMAN**

Mailing Address **133 E 64TH ST**  
**APT 4B**

City **NEW YORK** State **NY** Zip Code **10065-7076**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRAVELERS**

Occupation  
**VICE CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2797.00**

**Transaction ID : SA17.175626**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**37.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. HEYMAN**

Mailing Address **133 E 64TH ST**  
**APT 4B**

City **NEW YORK** State **NY** Zip Code **10065-7076**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRAVELERS**

Occupation  
**VICE CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2797.00**

**Transaction ID : SA17.175626B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-37.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**37.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1147 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. HEYMAN**

Mailing Address **133 E 64TH ST**  
**APT 4B**

City **NEW YORK** State **NY** Zip Code **10065-7076**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRAVELERS**

Occupation  
**VICE CHAIRMAN**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2797.00**

**Transaction ID : SA17.178130**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**37.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**EDNA B. HIBBITTS**

Mailing Address **2101 OAKLAWN DR**

City **MIDLAND** State **TX** Zip Code **79705-7533**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.165250**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDNA B. HIBBITTS**

Mailing Address **2101 OAKLAWN DR**

City **MIDLAND** State **TX** Zip Code **79705-7533**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.172244**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1148 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EDNA B. HIBBITTS**

Mailing Address 2101 OAKLAWN DR

City

MIDLAND

State

TX

Zip Code

79705-7533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.175578**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**EDNA B. HIBBITTS**

Mailing Address 2101 OAKLAWN DR

City

MIDLAND

State

TX

Zip Code

79705-7533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.177033**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDNA B. HIBBITTS**

Mailing Address 2101 OAKLAWN DR

City

MIDLAND

State

TX

Zip Code

79705-7533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.179688**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1149 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DANIEL HIBMA**

Mailing Address 1701 PORTER ST SW  
STE 6

City State Zip Code  
WYOMING MI 49519-1771

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LAND & COMPANY

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165449**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ASHLEY HICKEY**

Mailing Address 1325 15TH ST NW  
APT 403

City State Zip Code  
WASHINGTON DC 20005-2936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GLOVER PARK GROUP

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.163244**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ASHLEY HICKEY**

Mailing Address 1325 15TH ST NW  
APT 403

City State Zip Code  
WASHINGTON DC 20005-2936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GLOVER PARK GROUP

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.173300**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1150 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EDWARD HICKEY**

Mailing Address **6037 CURTIER DR**  
**UNIT D**

City **ALEXANDRIA** State **VA** Zip Code **22310-5164**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**O'MELVENY & MYERS**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.168131**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM M. HICKEY**

Mailing Address **2800 RACQUET CLUB DR**

City **MIDLAND** State **TX** Zip Code **79705-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.169496**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. HOPE P. HICKOK**

Mailing Address **137 LANSDOWNE**

City **WESTPORT** State **CT** Zip Code **06880-5650**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.172380**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1151 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HON. BILL HICKS**

Mailing Address **815 BLACKER AVE**

City	State	Zip Code
EL PASO	TX	79902-2714

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
ORETGA MCGLASHEN HICKS & PEREZ PLLC	ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177932**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DEBORAH HICKS**

Mailing Address **815 BLACKER AVE**

City	State	Zip Code
EL PASO	TX	79902-2714

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
MORRSION HEALTHCARE FOOD SERVICES	DIRECTOR OF FOOD SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177928**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHAWNA HIDALGO**

Mailing Address **6281 OXFORD PEAK PL**

City	State	Zip Code
CASTLE ROCK	CO	80108-9478

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159451**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1152 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PETER N. HIEBERT**

Mailing Address 3207 ROLLING RD

City

CHEVY CHASE

State

MD

Zip Code

20815-4035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WINSTON & STRAWN LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174427**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNIFER HIGGINS**

Mailing Address 770 P ST NW  
APT 328

City

WASHINGTON

State

DC

Zip Code

20001-3370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CHAMBER HILL STRATEGIES

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.155473**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LTC ROBIN L. HIGGINS**

Mailing Address PO BOX 153

City

BIG TIMBER

State

MT

Zip Code

59011-0153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168616**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1153 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ADAM HILL**

Mailing Address **6350 RUCKER RD**  
**STE 101**

City **INDIANAPOLIS** State **IN** Zip Code **46220-4893**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LOR MANAGEMENT CORPORATION**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157054**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BOBBY HILL**

Mailing Address **3794 W HIGHWAY 67**  
**UNIT C**

City **GLEN ROSE** State **TX** Zip Code **76043-5854**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**RANCHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162877**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES HILL**

Mailing Address **13709 HICKORY NUT PT**

City **MIDLOTHIAN** State **VA** Zip Code **23112-4939**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1025.00**

**Transaction ID : SA17.164268**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3725.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1154 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CYNTHIA HILL**

Mailing Address **54 ORCHARD LN**

City

**WAYLAND**

State

**MA**

Zip Code

**01778-1908**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**TRAVEL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.159783**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CYNTHIA HILL**

Mailing Address **54 ORCHARD LN**

City

**WAYLAND**

State

**MA**

Zip Code

**01778-1908**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**TRAVEL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.167349**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CYNTHIA HILL**

Mailing Address **54 ORCHARD LN**

City

**WAYLAND**

State

**MA**

Zip Code

**01778-1908**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**TRAVEL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.176326**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**125.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1155 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. DOTTIE HILL**

Mailing Address **3794 W HIGHWAY 67**  
**UNIT C**

City **GLEN ROSE** State **TX** Zip Code **76043-5854**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**RANCHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162894**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. J. TOMILSON HILL III**

Mailing Address **345 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10154-0004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLACKSTONE**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165462**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JANINE W. HILL**

Mailing Address **345 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10154-0004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COUNCIL OF FOREIGN RELATIONS**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165456**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1156 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KATHRYN HILL**

Mailing Address 233 COUNTY DOWN CT

City	State	Zip Code
ROSEVILLE	CA	95678-3416

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AMERICAN HEALTH CARE INC**

Occupation  
**ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

580.00

**Transaction ID : SA17.166756**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATHRYN HILL**

Mailing Address 233 COUNTY DOWN CT

City	State	Zip Code
ROSEVILLE	CA	95678-3416

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AMERICAN HEALTH CARE INC**

Occupation  
**ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

580.00

**Transaction ID : SA17.169965**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATHRYN HILL**

Mailing Address 233 COUNTY DOWN CT

City	State	Zip Code
ROSEVILLE	CA	95678-3416

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AMERICAN HEALTH CARE INC**

Occupation  
**ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

580.00

**Transaction ID : SA17.173840**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

210.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1157 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KATHRYN HILL**

Mailing Address **233 COUNTY DOWN CT**

City	State	Zip Code
ROSEVILLE	CA	95678-3416

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AMERICAN HEALTH CARE INC**

Occupation  
**ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.181415**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RUSSELL HILL**

Mailing Address **52 66TH PL**

City	State	Zip Code
LONG BEACH	CA	90803-4513

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HALBERT HARGROVE GLOBAL ADVISORS**

Occupation  
**INVESTMENT COUNSEL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.181490**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WALTER OTIS HILL**

Mailing Address **5809 LONDON LN**

City	State	Zip Code
DALLAS	TX	75252-5010

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.161069**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1158 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROGER S. HILLAS**

Mailing Address PO BOX 30

City	State	Zip Code
GWYNEDD VALLEY	PA	19437-0030

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171694**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK HILLGREN**

Mailing Address 923 N MAIN ST

City	State	Zip Code
ORANGE	CA	92867-5402

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SEAWARD REAL ESTATE L.P.

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161357**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT J. HILLIS**

Mailing Address 951 E WYE LN

City	State	Zip Code
MILWAUKEE	WI	53217-3649

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DIRECT SUPPLY, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161223**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1159 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LOREN COLLINS HILLMAN**

Mailing Address **820 NW 12TH AVE**  
**APT 212**

City **PORTLAND** State **OR** Zip Code **97209-3045**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.165388**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. LOREN COLLINS HILLMAN**

Mailing Address **820 NW 12TH AVE**  
**APT 212**

City **PORTLAND** State **OR** Zip Code **97209-3045**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171777**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. ARGENTINA S. HILLS**

Mailing Address **4450 BANYAN LN**

City **MIAMI** State **FL** Zip Code **33137-3302**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162983**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1160 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JANET HIMMEL**

Mailing Address **60 COLUMBUS CIR**  
**FL 19F**

City **NEW YORK** State **NY** Zip Code **10023-5802**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INTERIOR DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178157**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KENNETH A. HIMMEL**

Mailing Address **60 COLUMBUS CIR**  
**FL 19F**

City **NEW YORK** State **NY** Zip Code **10023-5802**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RELATED**

Occupation  
**DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178161**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDWARD HINE**

Mailing Address **5 FARM HOUSE CT**

City **MOUNT SINAI** State **NY** Zip Code **11766-1859**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTH SHORE WINDOW AND DOOR**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174649**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1161 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BARBARA HINES**

Mailing Address 2800 POST OAK BLVD

City	State	Zip Code
HOUSTON	TX	77056-6100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179905**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GERALD HINES**

Mailing Address 2800 POST OAK BLVD

City	State	Zip Code
HOUSTON	TX	77056-6100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
HINES INTERESTS LP	CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.179907**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GERALD HINES**

Mailing Address 2800 POST OAK BLVD

City	State	Zip Code
HOUSTON	TX	77056-6100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
HINES INTERESTS LP	CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.179908**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1162 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ADAM HIRSCH**

Mailing Address 1109 VALLEY OVERLOOK DR NE

City	State	Zip Code
ATLANTA	GA	30324-5621

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174260**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRIAN HIRSCH**

Mailing Address 24 GARNETT PL

City	State	Zip Code
MELVILLE	NY	11747-4256

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STIFEL**

Occupation  
**INVESTMENT REP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174876**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ELIZABETH EGGERT HIRST**

Mailing Address 2103 SPENCE AVE

City	State	Zip Code
TALLAHASSEE	FL	32308-0727

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FL STATE UNIVERSITY**

Occupation  
**DEPUTY CHIEF OF STAFF**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158602**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1163 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MR. FREDERICK E. HITCHCOCK

Mailing Address 9101 ALTA DR  
UNIT 1702

City	State	Zip Code
LAS VEGAS	NV	89145-8545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HITCHCOCK AUTOMOTIVE RESOURCESOccupation  
AUTO DEALER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.175896

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MR. MAX E. HITTLE JR.

Mailing Address 8080 CLYMER LN

City	State	Zip Code
INDIANAPOLIS	IN	46250-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.159189

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MRS. VICKI E. HITTLE

Mailing Address 8080 CLYMER LN

City	State	Zip Code
INDIANAPOLIS	IN	46250-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.159181

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3200.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1164 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**G. WILLIAM HOAGLAND**

Mailing Address 10012 ROUGH RUN CT

City	State	Zip Code
FAIRFAX STATION	VA	22039-2959

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BIPARTISAN POLICY CENTER**

Occupation  
**SVP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.167543**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**G. WILLIAM HOAGLAND**

Mailing Address 10012 ROUGH RUN CT

City	State	Zip Code
FAIRFAX STATION	VA	22039-2959

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BIPARTISAN POLICY CENTER**

Occupation  
**SVP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.175467**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**G. WILLIAM HOAGLAND**

Mailing Address 10012 ROUGH RUN CT

City	State	Zip Code
FAIRFAX STATION	VA	22039-2959

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BIPARTISAN POLICY CENTER**

Occupation  
**SVP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.177064**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1165 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CORINNE HOARE**

Mailing Address 1609 D ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-2441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN UNIVERSITY

Occupation  
PROFESSORIAL LECTURER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161912**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TOM HOARE**

Mailing Address 1609 D ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-2441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAP

Occupation  
SENIOR DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159004**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TOM HOARE**

Mailing Address 1609 D ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-2441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAP

Occupation  
SENIOR DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161911**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 1166 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MR. MIKE HOBBS JR.

Mailing Address 309 E 11TH ST

City

PANAMA CITY

State

FL

Zip Code

32401-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONSTRUCTION &amp; ENGINEERING, INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173561**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MRS. PATRICIA W. HOBBS

Mailing Address PO BOX 240

City

MONTCHANIN

State

DE

Zip Code

19710-0240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.168703**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MRS. LISA M. HOBERG

Mailing Address 4074 E SHANGRI LA RD

City

PHOENIX

State

AZ

Zip Code

85028-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF PHOENIX

Occupation

ONLINE FACULTY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.160737**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2750.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1167 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARK HOBSON**

Mailing Address 257 SW 32ND RD

City	State	Zip Code
MIAMI	FL	33129-2732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOBSON FIRM

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.173711**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARK HOBSON**

Mailing Address 257 SW 32ND RD

City	State	Zip Code
MIAMI	FL	33129-2732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOBSON FIRM

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.179339**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK L. HOBSON**

Mailing Address 3655 OVERBROOK LN

City	State	Zip Code
HOUSTON	TX	77027-4127

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FURNITURE SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

**Transaction ID : SA17.164373**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1168 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MITCHELL HOCHBERG**

Mailing Address 10 GRACIE SQ  
APT 12GS

City State Zip Code  
NEW YORK NY 10028-8031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LIGHTSTONE

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171046**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SUZAN HOCHBERG**

Mailing Address 10 GRACIE SQ  
APT 12GS

City State Zip Code  
NEW YORK NY 10028-8031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171045**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL HOCHMAN**

Mailing Address PO BOX 50036

City State Zip Code  
MIDLAND TX 79710-0036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MASTER TUBULARS INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.163307**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1169 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT HOEHN**

Mailing Address 730 KALAMATH DR

City

DEL MAR

State

CA

Zip Code

92014-2630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

AUTO DEALER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.166091**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**B. Full Name (Last, First, Middle Initial)**

**TINA HOELLERER**

Mailing Address 22006 HYDE PARK DR

City

ASHBURN

State

VA

Zip Code

20147-6915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

USDA

Occupation

PROGRAM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177565**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. OTTO WILLIAM HOERNIG III**

Mailing Address 3301 N ST NW

City

WASHINGTON

State

DC

Zip Code

20007-2808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TRACE SYSTEMS, INC.

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162954**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

11300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1170 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY HOERNIG**

Mailing Address 3301 N ST NW

City

WASHINGTON

State

DC

Zip Code

20007-2808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162955**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. OTTO WILLIAM HOERNIG III**

Mailing Address 3301 N ST NW

City

WASHINGTON

State

DC

Zip Code

20007-2808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRACE SYSTEMS, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162954B**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**AMBASSADOR ALFRED HOFFMAN JR.**

Mailing Address 12530 SEMINOLE BEACH RD

City

NORTH PALM BEACH

State

FL

Zip Code

33408-2534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2850.00

**Transaction ID : SA17.167937**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1171 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AMBASSADOR ALFRED HOFFMAN JR.**

Mailing Address 12530 SEMINOLE BEACH RD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-2534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2850.00

**Transaction ID : SA17.167937B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-150.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**AMBASSADOR ALFRED HOFFMAN JR.**

Mailing Address 12530 SEMINOLE BEACH RD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-2534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2850.00

**Transaction ID : SA17.168670**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**BRUCE HOFFMAN**

Mailing Address 1206 CASTILE AVE

City	State	Zip Code
CORAL GABLES	FL	33134-4744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HUNTON & WILLIAMS LLP

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.162418**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

50.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1172 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL HOFFMAN**

Mailing Address 988 SULPHUR SPRING RD

City

PROSPECT

State

VA

Zip Code

23960-8105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

PUBLICIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.157825**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAUL HOFFMAN**

Mailing Address 988 SULPHUR SPRING RD

City

PROSPECT

State

VA

Zip Code

23960-8105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

PUBLICIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.164269**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAUL HOFFMAN**

Mailing Address 988 SULPHUR SPRING RD

City

PROSPECT

State

VA

Zip Code

23960-8105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

PUBLICIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.166529**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)** .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1173 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL HOFFMAN**

Mailing Address 988 SULPHUR SPRING RD

City	State	Zip Code
PROSPECT	VA	23960-8105

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PUBLICIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.180996**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SOPHIE HOFFMAN**

Mailing Address 12530 SEMINOLE BEACH RD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-2534

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175768**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LEONARD HOGAN**

Mailing Address 706 WOOD VALLEY RD

City	State	Zip Code
WAYNESBORO	GA	30830-5409

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.165405**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1174 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. BETTY J. HOKE**

Mailing Address **4457 KITTIWAKE WAY**

City	State	Zip Code
OCEANSIDE	CA	92057-7727

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**900.00**

**Transaction ID : SA17.162329**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. BETTY J. HOKE**

Mailing Address **4457 KITTIWAKE WAY**

City	State	Zip Code
OCEANSIDE	CA	92057-7727

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**900.00**

**Transaction ID : SA17.173101**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MICHELLE ELAINE HOLBERT**

Mailing Address **104 OCEAN VIS**

City	State	Zip Code
NEWPORT BEACH	CA	92660-6229

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPECTRUM PARTNERS**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.162932**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1175 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTINA HOLBROOK**

Mailing Address 609 AMADOR LN

City	State	Zip Code
WEST PALM BEACH	FL	33401-8304

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SMALL BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179730**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CLAUDIA D. HOLDER**

Mailing Address 12433 W DE MEYER ST

City	State	Zip Code
BOISE	ID	83713-1403

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

**Transaction ID : SA17.158788**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JIM HOLDER**

Mailing Address 5421 S GENEVA ST

City	State	Zip Code
ENGLEWOOD	CO	80111-6208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CIGNA**

Occupation  
**SVP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159453**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1176 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SARAH HOLDER**

Mailing Address **5421 S GENEVA ST**

City

**ENGLEWOOD**

State

**CO**

Zip Code

**80111-6208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.159452**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE P. HOLK**

Mailing Address **68665 HERMOSILLO RD**

City

**CATHEDRAL CITY**

State

**CA**

Zip Code

**92234-3846**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.170252**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JUSTIN HOLLIS**

Mailing Address **1403 BRIARWOOD LN**

City

**LAKELAND**

State

**FL**

Zip Code

**33803-2372**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SILLOH CONSULTING**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2735.00**

**Transaction ID : SA17.167646**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**35.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**635.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1177 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JUSTIN HOLLIS**

Mailing Address 1403 BRIARWOOD LN

City	State	Zip Code
LAKELAND	FL	33803-2372

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SILLOH CONSULTING**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2735.00

**Transaction ID : SA17.167646B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-35.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. JUSTIN HOLLIS**

Mailing Address 1403 BRIARWOOD LN

City	State	Zip Code
LAKELAND	FL	33803-2372

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SILLOH CONSULTING**

Occupation  
**CONSULTING**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2735.00

**Transaction ID : SA17.174098**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MS. KIMBERLY K. HOLLIN**

Mailing Address 1650 PURPLE MARTIN WAY

City	State	Zip Code
KNOXVILLE	TN	37922-6198

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

**Transaction ID : SA17.158524**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2600.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1178 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS E. HOLLIDAY**

Mailing Address 2650 CLARAY DR

City

LOS ANGELES

State

CA

Zip Code

90077-2017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175895**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TRICIA HOLLIS**

Mailing Address 2226 BEACON LN

City

FALLS CHURCH

State

VA

Zip Code

22043-1713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TREASURY DEPT

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.156758**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TRICIA HOLLIS**

Mailing Address 2226 BEACON LN

City

FALLS CHURCH

State

VA

Zip Code

22043-1713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TREASURY DEPT

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.179415**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1075.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1179 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM A. HOLLIN**

Mailing Address PO BOX 24258

City

KNOXVILLE

State

TN

Zip Code

37933-2258

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ED FINANCIAL SERVICES

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

**Transaction ID : SA17.163209**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2600.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILBERT G. HOLLIMAN**

Mailing Address 4452 LAKEWOOD LN

City

BELDEN

State

MS

Zip Code

38826-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.175909**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS P. HOLLOWELL**

Mailing Address 2119 SHERWOOD AVE

City

CHARLOTTE

State

NC

Zip Code

28207-2119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166745**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

5600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1180 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS P. HOLLOWELL**

Mailing Address 2119 SHERWOOD AVE

City	State	Zip Code
CHARLOTTE	NC	28207-2119

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166745B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**LYTTLETON RICH**

Mailing Address 2119 SHERWOOD AVE

City	State	Zip Code
CHARLOTTE	NC	28207-2119

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174450**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**CHRISTIAN HOLLY**

Mailing Address 4243 ALDEN DR

City	State	Zip Code
EDINA	MN	55416-5009

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TRAVELERS

Occupation  
QUANT ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170182**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1181 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM HOLLY**

Mailing Address 4000 PONCE DE LEON BLVD

City	State	Zip Code
CORAL GABLES	FL	33146-1431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.180727**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID A. HOLMES**

Mailing Address 99 NESBIT ST

City	State	Zip Code
PUNTA GORDA	FL	33950-3636

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FARR LAW FIRM**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169813**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH P. HOLMES**

Mailing Address 651 MARSTEN GREEN CT

City	State	Zip Code
AMBLER	PA	19002-1819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.164342**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1182 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT C. HOLMES III**

Mailing Address **651 MARSTEN GREEN CT**

City <b>AMBLER</b>	State <b>PA</b>	Zip Code <b>19002-1819</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ESTATE STRATEGIES, INC.**

Occupation  
**LIFE INSURANCE/INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.164353**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWARD ALAN HOLROYDE**

Mailing Address **1 ACACIA DR**

City <b>BELVEDERE TIBURON</b>	State <b>CA</b>	Zip Code <b>94920-1101</b>
----------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.172353**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHANIE HOLSCHER BEAR**

Mailing Address **3 JONQUIL CT**

City <b>GALENA</b>	State <b>IL</b>	Zip Code <b>61036-8665</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.180719**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1183 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JON F. HOLSTEEN**

Mailing Address 426 W COUNTY LINE RD

City	State	Zip Code
BARRINGTON	IL	60010-2613

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.164522**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JULIANNA HAWN HOLT**

Mailing Address 2191 LITTLE BLANCO RD

City	State	Zip Code
BLANCO	TX	78606-4764

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159026**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER M. HOLT**

Mailing Address 2191 LITTLE BLANCO RD

City	State	Zip Code
BLANCO	TX	78606-4764

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOLT CAT

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159024**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1184 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. HEIDI M. HOLTERBOSCH**

Mailing Address **19 E 72ND ST**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10021-4145</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PORT DISTRIBUTING**

Occupation  
**DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170675**

Date of Receipt

M M / D D / Y Y Y Y
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD C. HOLTON**

Mailing Address **4 SUNNINGDALE DR**

City <b>SAINT LOUIS</b>	State <b>MO</b>	Zip Code <b>63124-1665</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168201**

Date of Receipt

M M / D D / Y Y Y Y
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. BEN HOM**

Mailing Address **11336 HOMEDALE ST**

City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90049-3021</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ST. CLOUD CAPITAL, LLC**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175892**

Date of Receipt

M M / D D / Y Y Y Y
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**6400.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1185 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSH HONE**

Mailing Address 9220 GUADALUPE TRL NW

City	State	Zip Code
ALBUQUERQUE	NM	87114-1718

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
QUORUM

Occupation  
DIR. OF BUSINESS DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

426.00

**Transaction ID : SA17.158090**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSH HONE**

Mailing Address 9220 GUADALUPE TRL NW

City	State	Zip Code
ALBUQUERQUE	NM	87114-1718

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
QUORUM

Occupation  
DIR. OF BUSINESS DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

426.00

**Transaction ID : SA17.158091**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSH HONE**

Mailing Address 9220 GUADALUPE TRL NW

City	State	Zip Code
ALBUQUERQUE	NM	87114-1718

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
QUORUM

Occupation  
DIR. OF BUSINESS DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

426.00

**Transaction ID : SA17.163290**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

351.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1186 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JASON HONG**

Mailing Address **181 E 90TH ST**  
**APT 22A**

City **NEW YORK** State **NY** Zip Code **10128-2394**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THIRD POINT**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157074**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JIM HONG**

Mailing Address **22194 MCCLELLAN RD**

City **CUPERTINO** State **CA** Zip Code **95014-4061**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FORTINET INC.**

Occupation  
**SOFTWARE ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.166962**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. BETTY HOOD**

Mailing Address **2112 HIDDEN CREEK RD**

City **FORT WORTH** State **TX** Zip Code **76107-3571**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169497**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1187 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES HOOLEY**

Mailing Address **910 POWHATAN ST**  
**UNIT 103N**

City **ALEXANDRIA** State **VA** Zip Code **22314-1872**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CLEAN ENERGY FUELS**

Occupation  
**VP/FED GOVT RELS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159538**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH C. HOOPES JR.**

Mailing Address **19 W 44TH ST**  
**STE 812**

City **NEW YORK** State **NY** Zip Code **10036-5901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170677**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARJORIE B. HOOPER**

Mailing Address **4207 VENADO DR**

City **AUSTIN** State **TX** Zip Code **78731-2020**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173457**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 1188 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

CAMERON HOOVER

Mailing Address 336 RINCON ROAD

City	State	Zip Code
CORRALES	NM	87048-

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179643**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MARK HOPKE

Mailing Address 302 W 86TH ST

City	State	Zip Code
NEW YORK	NY	10024-3141

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174652**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MR. ROBERT R. HOPPER

Mailing Address 333 S 7TH ST  
STE 2450

City	State	Zip Code
MINNEAPOLIS	MN	55402-2429

FEC ID number of contributing federal political committee.

C

Name of Employer  
ROBERT R. HOPPER & ASSOCIATES LLCOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173573**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

850.00

Total This Period (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1189 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. SALLY H. HOPPER**

Mailing Address 21649 CABRINI BLVD

City

GOLDEN

State

CO

Zip Code

80401-9487

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.157933**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SALLY H. HOPPER**

Mailing Address 21649 CABRINI BLVD

City

GOLDEN

State

CO

Zip Code

80401-9487

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.163498**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SALLY H. HOPPER**

Mailing Address 21649 CABRINI BLVD

City

GOLDEN

State

CO

Zip Code

80401-9487

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.171462**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1190 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. SALLY H. HOPPER**

Mailing Address 21649 CABRINI BLVD

City	State	Zip Code
GOLDEN	CO	80401-9487

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.177598**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SALLY H. HOPPER**

Mailing Address 21649 CABRINI BLVD

City	State	Zip Code
GOLDEN	CO	80401-9487

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.178807**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. W. DAN HORD III**

Mailing Address P.O. BOX 882

City	State	Zip Code
MIDLAND	TX	79702-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HEDLOC INVESTMENT CO. L.P.

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169498**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

5475.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1191 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JENNIFER HORD**

Mailing Address PO BOX 882

City	State	Zip Code
MIDLAND	TX	79702-0882

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169499**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. W. DAN HORD III**

Mailing Address P.O. BOX 882

City	State	Zip Code
MIDLAND	TX	79702-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HEDLOC INVESTMENT CO. L.P.

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169498B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**ANDREW HORN**

Mailing Address 1115 CAMERON ST

City	State	Zip Code
ALEXANDRIA	VA	22314-2458

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UNITED STATES ARMY

Occupation  
SPECIAL FORCES OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

711.00

**Transaction ID : SA17.157992**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1192 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREW HORN**

Mailing Address 1115 CAMERON ST

City

ALEXANDRIA

State

VA

Zip Code

22314-2458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

SPECIAL FORCES OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

711.00

**Transaction ID : SA17.160361**

Date of Receipt

**10** / **18** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW HORN**

Mailing Address 1115 CAMERON ST

City

ALEXANDRIA

State

VA

Zip Code

22314-2458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

SPECIAL FORCES OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

711.00

**Transaction ID : SA17.163325**

Date of Receipt

**10** / **27** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW HORN**

Mailing Address 1115 CAMERON ST

City

ALEXANDRIA

State

VA

Zip Code

22314-2458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

SPECIAL FORCES OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

711.00

**Transaction ID : SA17.163923**

Date of Receipt

**10** / **28** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

261.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1193 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREW HORN**

Mailing Address 1115 CAMERON ST

City

ALEXANDRIA

State

VA

Zip Code

22314-2458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

SPECIAL FORCES OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

711.00

**Transaction ID : SA17.167542**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW HORN**

Mailing Address 1115 CAMERON ST

City

ALEXANDRIA

State

VA

Zip Code

22314-2458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES ARMY

Occupation

SPECIAL FORCES OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

711.00

**Transaction ID : SA17.174908**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NEZIHA HORNAME**

Mailing Address 42832 BITTNER SQ

City

ASHBURN

State

VA

Zip Code

20148-4144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.159426**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1194 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NEZIHA HORNAME**

Mailing Address 42832 BITTNER SQ

City

ASHBURN

State

VA

Zip Code

20148-4144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.168407**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NEZIHA HORNAME**

Mailing Address 42832 BITTNER SQ

City

ASHBURN

State

VA

Zip Code

20148-4144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.176038**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WENDY HORNBuckle**

Mailing Address 16 ANTHEM POINTE CT

City

HENDERSON

State

NV

Zip Code

89052-6605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170196**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1195 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. HORNBERGER**

Mailing Address 3620 PURDUE AVE

City	State	Zip Code
DALLAS	TX	75225-7206

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JACKSON WALKER**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166502**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HENRY HOROWITZ**

Mailing Address 104 W BROAD ST

City	State	Zip Code
GREENVILLE	SC	29601-2612

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OXFORD CAPITAL**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162565**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. KELLY W. HORTON**

Mailing Address 522 WILLIAMS ST

City	State	Zip Code
TALLAHASSEE	FL	32303-6375

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HEFFLEY & ASSOCIATES**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.157653**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1196 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LYNN HOSEMAN**

Mailing Address 2219 HERITAGE HILL DR

City	State	Zip Code
JACKSON	MS	39211-5822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174765**

Date of Receipt

MM / DD / YYYY  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WES HOSKINS**

Mailing Address 308 PEBBLE BEACH DR

City	State	Zip Code
PORTLAND	TX	78374-4004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
FIRST COMMUNITY BANK	BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.158174**

Date of Receipt

MM / DD / YYYY  
10 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WES HOSKINS**

Mailing Address 308 PEBBLE BEACH DR

City	State	Zip Code
PORTLAND	TX	78374-4004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
FIRST COMMUNITY BANK	BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.165245**

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1060.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1197 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WES HOSKINS**

Mailing Address 308 PEBBLE BEACH DR

City

PORTLAND

State

TX

Zip Code

78374-4004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FIRST COMMUNITY BANK

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.166824**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WES HOSKINS**

Mailing Address 308 PEBBLE BEACH DR

City

PORTLAND

State

TX

Zip Code

78374-4004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FIRST COMMUNITY BANK

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.172787**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WES HOSKINS**

Mailing Address 308 PEBBLE BEACH DR

City

PORTLAND

State

TX

Zip Code

78374-4004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FIRST COMMUNITY BANK

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.174006**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1198 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WES HOSKINS**

Mailing Address 308 PEBBLE BEACH DR

City	State	Zip Code
PORTLAND	TX	78374-4004

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FIRST COMMUNITY BANK**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

**Transaction ID : SA17.178206**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALEXANDER HOUSTEN**

Mailing Address 2335 CARAVELLE DR

City	State	Zip Code
FORT WAYNE	IN	46814-9190

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNITED TECHNOLOGIES CORPORATION**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.168221**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALEXANDER HOUSTEN**

Mailing Address 2335 CARAVELLE DR

City	State	Zip Code
FORT WAYNE	IN	46814-9190

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNITED TECHNOLOGIES CORPORATION**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.172627**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1199 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALEXANDER HOUSTEN**

Mailing Address 2335 CARAVELLE DR

City

FORT WAYNE

State

IN

Zip Code

46814-9190

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED TECHNOLOGIES CORPORATION

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.179912**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GREG HOUSTON**

Mailing Address 52 G ST SW

UNIT A

City

WASHINGTON

State

DC

Zip Code

20024-4301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ACG

Occupation

OF COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163058**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMIE HOUSTON III**

Mailing Address 106 ROCKINGHAM CIR

City

RIDGELAND

State

MS

Zip Code

39157-9769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WATKINS & EAGER PLLC

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172320**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1200 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES HOWARD**

Mailing Address 12900 55TH AVE N

City  
PLYMOUTH

State Zip Code  
MN 55442-1443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRANSWESTERN

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170761**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KATHY HOWERTON**

Mailing Address PO BOX 1476

City  
RANCHO SANTA FE

State Zip Code  
CA 92067-1476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.161886**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT HOY**

Mailing Address 6 TOWHEE HILL LN

City  
YORK

State Zip Code  
ME 03909-1383

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UBS FINANCIAL SERVICES, INC.

Occupation  
WEALTH MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175305**

Date of Receipt

**12 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1201 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEOFFREY HSU**

Mailing Address **263 9TH AVE**

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10001-6638**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THIRD POINT**

Occupation  
**INVESTMENT MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159507**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MING HSU**

Mailing Address **828 MASSELIN AVE**

City  
**LOS ANGELES**

State  
**CA**

Zip Code  
**90036-4722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US GOVERNMENT**

Occupation  
**FEDERAL MARITIME COMMISSIONER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.165300**

Date of Receipt

**11 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MING HSU**

Mailing Address **828 MASSELIN AVE**

City  
**LOS ANGELES**

State  
**CA**

Zip Code  
**90036-4722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US GOVERNMENT**

Occupation  
**FEDERAL MARITIME COMMISSIONER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.173278**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1202 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VICTORIA HSU**

Mailing Address 5339 195TH ST

City

FRESH MEADOWS

State

NY

Zip Code

11365-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RAYTHEON

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.157334**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VICTORIA HSU**

Mailing Address 5339 195TH ST

City

FRESH MEADOWS

State

NY

Zip Code

11365-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RAYTHEON

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.159126**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ZHONGXUE HUA**

Mailing Address 19 N 2ND ST

City

EASTON

State

PA

Zip Code

18042-3601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

376.00

**Transaction ID : SA17.160438**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

351.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1203 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ZHONGXUE HUA**

Mailing Address **19 N 2ND ST**

City <b>EASTON</b>	State <b>PA</b>	Zip Code <b>18042-3601</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**376.00**

**Transaction ID : SA17.169968**

Date of Receipt

M M / D D / Y Y Y Y
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HENRY HUANG**

Mailing Address **13181 CROSSROADS PKWY N**  
**STE 200**

City <b>CITY OF INDUSTRY</b>	State <b>CA</b>	Zip Code <b>91746-3451</b>
---------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CA HEALTHCOM GROUP**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163044**

Date of Receipt

M M / D D / Y Y Y Y
10 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**YONGPING HUANG**

Mailing Address **5678 BANDINI BLVD**

City <b>BELL</b>	State <b>CA</b>	Zip Code <b>90201-6407</b>
---------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WINGAR INDUSTRIAL INC.**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163045**

Date of Receipt

M M / D D / Y Y Y Y
10 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2025.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1204 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH S. HUCKABAY**

Mailing Address 4104 RAMSEY RD

City	State	Zip Code
YUKON	OK	73099-3243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.162549**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH S. HUCKABAY**

Mailing Address 4104 RAMSEY RD

City	State	Zip Code
YUKON	OK	73099-3243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.165905**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH S. HUCKABAY**

Mailing Address 4104 RAMSEY RD

City	State	Zip Code
YUKON	OK	73099-3243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.167280**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

175.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1205 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH S. HUCKABAY**

Mailing Address 4104 RAMSEY RD

City	State	Zip Code
YUKON	OK	73099-3243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.169334**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH S. HUCKABAY**

Mailing Address 4104 RAMSEY RD

City	State	Zip Code
YUKON	OK	73099-3243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.172210**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH S. HUCKABAY**

Mailing Address 4104 RAMSEY RD

City	State	Zip Code
YUKON	OK	73099-3243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.173777**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

125.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1206 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH S. HUCKABAY**

Mailing Address 4104 RAMSEY RD

City	State	Zip Code
YUKON	OK	73099-3243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.179657**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEWART S. HUDNUT**

Mailing Address 56 INDIAN HILL RD

City	State	Zip Code
WINNETKA	IL	60093-3938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.177390**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. ASHTON HUDSON**

Mailing Address 319 12TH ST

City	State	Zip Code
ATLANTIC BEACH	FL	32233-5513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ROCK CREEK CAPITAL

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158253**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1207 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BENJAMIN PAUL HUDSON**

Mailing Address 3955 MOUNT VERNON DR

City	State	Zip Code
BLOOMFIELD HILLS	MI	48301-3227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA

Occupation  
MANAGING CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162979**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES E. HUDSON**

Mailing Address 921 MARINE DR  
APT 225

City	State	Zip Code
GALVESTON	TX	77550-3246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166357**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. HUDSON**

Mailing Address 5398 SONOMA HWY

City	State	Zip Code
NAPA	CA	94559-9710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168208**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1208 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WARREN J. HUDSON**

Mailing Address 3614 VILLAGE OAKS DR

City

KINGWOOD

State

TX

Zip Code

77339-5521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HALLIBURTON

Occupation

DRILLING ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.180457**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATHERINE HUEBERT**

Mailing Address PO BOX 1176

City

REEDLEY

State

CA

Zip Code

93654-1176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HORSTMANN INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161885**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA HUGER**

Mailing Address 1303 14TH ST N

City

ARLINGTON

State

VA

Zip Code

22209-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3050.00

**Transaction ID : SA17.158104**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1209 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA HUGER**

Mailing Address 1303 14TH ST N

City

ARLINGTON

State

VA

Zip Code

22209-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3050.00

**Transaction ID : SA17.169118**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA HUGER**

Mailing Address 1303 14TH ST N

City

ARLINGTON

State

VA

Zip Code

22209-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3050.00

**Transaction ID : SA17.174343**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA HUGER**

Mailing Address 1303 14TH ST N

City

ARLINGTON

State

VA

Zip Code

22209-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3050.00

**Transaction ID : SA17.175268**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1210 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GREGORY HUGER**

Mailing Address 1303 14TH ST N

City  
ARLINGTON

State Zip Code  
VA 22209-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUSSMANN GROUP

Occupation  
DEPUTY MISSION DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158103**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES HUGER**

Mailing Address 1010 COMMON ST  
STE 2950

City  
NEW ORLEANS

State Zip Code  
LA 70112-2422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PINNACLE PROPERTY MANAGEMENT

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174269**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LOUIS HUGHES**

Mailing Address 86 INDIAN HILL RD

City  
WINNETKA

State Zip Code  
IL 60093-3934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
VENTURE CAPITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.157760**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1211 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LOUIS HUGHES**

Mailing Address **86 INDIAN HILL RD**

City

**WINNETKA**

State

**IL**

Zip Code

**60093-3934**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**VENTURE CAPITAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.174850**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARLA HUGHSTON**

Mailing Address **11575 E RICKS CIR**

City

**DALLAS**

State

**TX**

Zip Code

**75230-3029**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SOUTHWEST AIRLINES**

Occupation

**FLIGHT ATTENDANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1700.00**

**Transaction ID : SA17.166629**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ARTHUR WHITFIELD HUGULEY IV**

Mailing Address **12 RICHMOND PL**

City

**NEW ORLEANS**

State

**LA**

Zip Code

**70115-5020**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INTERNATIONAL TRADE**

Occupation

**INTERNATIONAL TRADE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175443**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1212 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. JAMES C. HUHTA**

Mailing Address 3915 AMERICANA DR

City	State	Zip Code
TAMPA	FL	33634-7405

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MEDNAX

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.167402**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. JAMES C. HUHTA**

Mailing Address 3915 AMERICANA DR

City	State	Zip Code
TAMPA	FL	33634-7405

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MEDNAX

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175423**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM C. HULSEY**

Mailing Address 424 CLUB PL

City	State	Zip Code
MOUNTAIN BRK	AL	35223-1166

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158839**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1213 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT HUMBURG**

Mailing Address 2525 FAIRWAY DR

City

ORANGEBURG

State

SC

Zip Code

29118-4005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165227**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT HUMBURG**

Mailing Address 2525 FAIRWAY DR

City

ORANGEBURG

State

SC

Zip Code

29118-4005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171380**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT HUMBURG**

Mailing Address 2525 FAIRWAY DR

City

ORANGEBURG

State

SC

Zip Code

29118-4005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172751**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1214 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT HUMBURG**

Mailing Address 2525 FAIRWAY DR

City

ORANGEBURG

State

SC

Zip Code

29118-4005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176478**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT HUMBURG**

Mailing Address 2525 FAIRWAY DR

City

ORANGEBURG

State

SC

Zip Code

29118-4005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.178649**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT HUMBURG**

Mailing Address 2525 FAIRWAY DR

City

ORANGEBURG

State

SC

Zip Code

29118-4005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.180571**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1215 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE H. HUME**

Mailing Address 235 LOCUST ST

City	State	Zip Code
SAN FRANCISCO	CA	94118-1840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BASIC AMERICAN, INC.**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178981**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD HUMES**

Mailing Address 91-1036 KALEHUNA ST

City	State	Zip Code
KAPOLEI	HI	96707-2768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176823**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAY HUMISTON**

Mailing Address PO BOX 10

City	State	Zip Code
KESWICK	VA	22947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179155**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1216 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEFF HUMITZ**

Mailing Address 17888 WESTBROOK DR

City  
LIVONIA

State Zip Code  
MI 48152-2740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DYNAMIC COMMERCIAL CARPENTRY INC.

Occupation  
CARPENTER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157667**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT HUMPEL**

Mailing Address 3646 ARUBA CT

City  
PUNTA GORDA

State Zip Code  
FL 33950-8120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLORIDA PREMIER CONTRACTORS

Occupation  
GENERAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169566**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID HUMPHREYS**

Mailing Address 5224 FINISTERRE DR

City  
PANAMA CITY BEACH

State Zip Code  
FL 32408-7924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LINEA PENINSULAR, INC.

Occupation  
SHIPPING EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172504**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1217 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

JOHN HUMPHREY

Mailing Address 2544 RAYWOOD VW

City	State	Zip Code
COLORADO SPRINGS	CO	80920-7782

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.166199**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

JOHN HUMPHREY

Mailing Address 2544 RAYWOOD VW

City	State	Zip Code
COLORADO SPRINGS	CO	80920-7782

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.169184**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

JOHN HUMPHREY

Mailing Address 2544 RAYWOOD VW

City	State	Zip Code
COLORADO SPRINGS	CO	80920-7782

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.177160**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

325.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1218 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MIA HUMPHREYS**

Mailing Address 5224 FINISTERRE DR

City	State	Zip Code
PANAMA CITY BEACH	FL	32408-7924

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172087**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MIA HUMPHREYS**

Mailing Address 5224 FINISTERRE DR

City	State	Zip Code
PANAMA CITY BEACH	FL	32408-7924

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179440**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DENNIS C. HUNT**

Mailing Address 502 GUILFORD RD

City	State	Zip Code
JAMESTOWN	NC	27282-9710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
XPO LOGISTICS

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.142153**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1219 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CAROL K. HUNT**

Mailing Address 502 GUILFORD RD

City	State	Zip Code
JAMESTOWN	NC	27282-9710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B156205**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. DENNIS C. HUNT**

Mailing Address 502 GUILFORD RD

City	State	Zip Code
JAMESTOWN	NC	27282-9710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
XPO LOGISTICS

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B156206**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1350.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**JAMES HUNT**

Mailing Address 2714 TETON PINES DR

City	State	Zip Code
WILSON	WY	83014-9616

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160002**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1220 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES E. HUNT JR.**

Mailing Address 1112 PARK AVE

APT 12B

City

NEW YORK

State

NY

Zip Code

10128-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOCQUEVILLE

Occupation

PORTFOLIO MANAGER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170669**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES S. HUNT**

Mailing Address 151 DEODAR LN

City

BRADBURY

State

CA

Zip Code

91008-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOBSYNC

Occupation

BOARD OF DIRECTORS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173560**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JASON MICHAEL HUNT**

Mailing Address 705 E BALTIMORE DR

City

EL PASO

State

TX

Zip Code

79902-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177902**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1221 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address 24811 COLONIAL ELM DR

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MEDVAMC

Occupation  
EMS SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.160515**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address 24811 COLONIAL ELM DR

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MEDVAMC

Occupation  
EMS SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.162745**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address 24811 COLONIAL ELM DR

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MEDVAMC

Occupation  
EMS SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.164202**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

102.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1222 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHELLE HUNT**

Mailing Address **21 ANNESLEY DRIVE**

City	State	Zip Code
GLEN MILLS	PA	19342-1359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMCAST**

Occupation  
**VP, FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.169035**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address **24811 COLONIAL ELM DR**

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MEDVAMC**

Occupation  
**EMS SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**447.00**

**Transaction ID : SA17.169094**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address **24811 COLONIAL ELM DR**

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MEDVAMC**

Occupation  
**EMS SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**447.00**

**Transaction ID : SA17.169351**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**502.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1223 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address 24811 COLONIAL ELM DR

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MEDVAMC

Occupation  
EMS SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.171397**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address 24811 COLONIAL ELM DR

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MEDVAMC

Occupation  
EMS SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.174683**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address 24811 COLONIAL ELM DR

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MEDVAMC

Occupation  
EMS SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.175580**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

31.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1224 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address **24811 COLONIAL ELM DR**

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MEDVAMC**

Occupation  
**EMS SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**447.00**

**Transaction ID : SA17.176554**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address **24811 COLONIAL ELM DR**

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MEDVAMC**

Occupation  
**EMS SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**447.00**

**Transaction ID : SA17.177340**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address **24811 COLONIAL ELM DR**

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MEDVAMC**

Occupation  
**EMS SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**447.00**

**Transaction ID : SA17.177759**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**256.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL HUNT**

Mailing Address 24811 COLONIAL ELM DR

City	State	Zip Code
KATY	TX	77493-2824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MEDVAMC

Occupation  
EMS SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

447.00

**Transaction ID : SA17.178305**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STACEY HUNT**

Mailing Address 4939 MEADOWLARK DR

City	State	Zip Code
EL PASO	TX	79922-2023

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175247**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL HUPF**

Mailing Address 1735 19TH ST

City	State	Zip Code
DENVER	CO	80202-6001

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LIFESCAPE ASSOCIATES INC

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161450**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2755.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1226 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL HUPF**

Mailing Address 1735 19TH ST

City

DENVER

State

CO

Zip Code

80202-6001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LIFESCAPE ASSOCIATES INC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.169925**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL HUPF**

Mailing Address 1735 19TH ST

City

DENVER

State

CO

Zip Code

80202-6001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LIFESCAPE ASSOCIATES INC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175953**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JOHANNA H. HURLEY**

Mailing Address 4938 BROOKVIEW DR

City

DALLAS

State

TX

Zip Code

75220-3918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162947**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1227 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PIERS HURLEY**

Mailing Address **3816 BOWSER AVE**  
**APT B**

City **DALLAS** State **TX** Zip Code **75219-4300**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UBS**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.177512**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID HURST**

Mailing Address **PO BOX 459**

City **FRANKLIN** State **NH** Zip Code **03235-0459**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BECK & BELLUCCI INC**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.167304**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID HURST**

Mailing Address **PO BOX 459**

City **FRANKLIN** State **NH** Zip Code **03235-0459**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BECK & BELLUCCI INC**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.172184**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1228 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID HURST**

Mailing Address **PO BOX 459**

City

**FRANKLIN**

State

**NH**

Zip Code

**03235-0459**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BECK & BELLUCCI INC**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.179412**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAUL HURST**

Mailing Address **2210 CULLEYWOOD RD**

City

**JACKSON**

State

**MS**

Zip Code

**39211-5815**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BUTLER SNOW**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.178473**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER F. HURST**

Mailing Address **1651 CARMEL CIR E**

City

**UPLAND**

State

**CA**

Zip Code

**91784-1704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.171785**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1100.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1229 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. DEANNE HUTCHISON**

Mailing Address 5305 ISLEWORTH COUNTRY CLUB DR

City	State	Zip Code
WINDERMERE	FL	34786-8929

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.151231**

Date of Receipt

**09 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. DEANNE HUTCHISON**

Mailing Address 5305 ISLEWORTH COUNTRY CLUB DR

City	State	Zip Code
WINDERMERE	FL	34786-8929

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.151231B**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2300.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MS. DEANNE HUTCHISON**

Mailing Address 5305 ISLEWORTH COUNTRY CLUB DR

City	State	Zip Code
WINDERMERE	FL	34786-8929

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.159285**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2300.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1230 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. H. TERRY HUTCHENS**

Mailing Address 1117 OFFSHORE DR

City	State	Zip Code
FAYETTEVILLE	NC	28305-5250

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HUTCHENS LAW FIRM**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166334**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. H. TERRY HUTCHENS**

Mailing Address 1117 OFFSHORE DR

City	State	Zip Code
FAYETTEVILLE	NC	28305-5250

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HUTCHENS LAW FIRM**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166334B**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2500.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**ROSALIND HUTCHENS**

Mailing Address 1117 OFFSHORE DR

City	State	Zip Code
FAYETTEVILLE	NC	28305-5250

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.168223**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1231 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN HUTCHISON**

Mailing Address 2400 LORAIN RD

City	State	Zip Code
SAN MARINO	CA	91108-2819

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.160120**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN A. HUTCHISON**

Mailing Address 501 S CAMPBELL ST

City	State	Zip Code
MOUNT CARROLL	IL	61053-1225

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174753**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY G. HUTCHINSON**

Mailing Address 20505 MARINE DR  
UNIT 1

City	State	Zip Code
STANWOOD	WA	98292-7852

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

**Transaction ID : SA17.171179**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1232 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS J. HUTCHISON III**

Mailing Address 5305 ISLEWORTH COUNTRY CLUB DR

City	State	Zip Code
WINDERMERE	FL	34786-8929

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HUTCHISON ADVISORS, INC.

Occupation  
C.E.O./OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165783**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-3100.00

☐ Memo Item

**CHARGED BACK**

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID S. HUVAL**

Mailing Address 511 ROBERT LEE CIR

City	State	Zip Code
LAFAYETTE	LA	70506-3136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HUVAL & ASSOCIATES, INC.

Occupation  
ENGINEER & CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.173257**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. BARBARA R. HYDE**

Mailing Address 17 W PONTOTOC AVE  
STE 200

City	State	Zip Code
MEMPHIS	TN	38103-3826

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166624**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1233 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH R. HYDE III**

Mailing Address **17 W PONTOTOC AVE**  
**STE 100**

City **MEMPHIS** State **TN** Zip Code **38103-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AUTOZONE**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166625**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SAM HYER**

Mailing Address **403 W VERMONT ST**  
**APT 467**

City **INDIANAPOLIS** State **IN** Zip Code **46202-3257**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STATE OF INDIANA**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.157056**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID A. IAFRATE**

Mailing Address **1000 LONE PINE RD**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48302-2434**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161790**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**3000.00**

☐ Memo Item

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

**5950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1234 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID A. IAFRATE**

Mailing Address 1000 LONE PINE RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-2434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161790B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. JOANNA I. IAFRATE**

Mailing Address 1000 LONE PINE RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-2434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161791**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**ANTHONY IAROCCI**

Mailing Address 643 MAGAZINE ST

City	State	Zip Code
NEW ORLEANS	LA	70130-3432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

KEY REAL ESTATE COMPANY

REAL ESTATE INVESTMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174270**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1235 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LAWRENCE IASON**

Mailing Address 606 WALTON AVE

City	State	Zip Code
MAMARONECK	NY	10543-4435

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MORVILLE ABRAMOWITZ**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175361**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAVIER A. IGLESIAS**

Mailing Address 5801 SW 164TH CT

City	State	Zip Code
MIAMI	FL	33193-5817

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LENNAR**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177433**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LUSSIEN ILIEV**

Mailing Address 2140 KINGSTON ST

City	State	Zip Code
WHITE LAKE	MI	48386-1614

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LUSSIEN CORPORATION**

Occupation  
**PRINCIPAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165438**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1236 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL INGARO**

Mailing Address 350 MARKET ST

City

KENILWORTH

State

NJ

Zip Code

07033-2034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

APPLE CORING & SAWINGG

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.168306**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL INGARO**

Mailing Address 350 MARKET ST

City

KENILWORTH

State

NJ

Zip Code

07033-2034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

APPLE CORING & SAWINGG

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.175555**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHRISTOPHER JAMES INGRAM**

Mailing Address 32 E 64TH ST

City

NEW YORK

State

NY

Zip Code

10065-7359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNIVERSITY OF MARYLAND  
FOUNDATION

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178268**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1237 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GREGORY INGRAM**

Mailing Address 1511 SWANN ST NW

City  
WASHINGTON

State Zip Code  
DC 20009-3941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160818**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT A. INGRAM**

Mailing Address 280 S MANGUM ST  
STE 350

City  
DURHAM

State Zip Code  
NC 27701-3681

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HATTERAS VENTURE PARTNERS

Occupation  
GENERAL PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166585**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. INGRAM**

Mailing Address 32 E 64TH ST

City  
NEW YORK

State Zip Code  
NY 10065-7359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170075**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1238 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN INHULSEN**

Mailing Address **615 CAMBRIDGE BLVD SE**

City	State	Zip Code
GRAND RAPIDS	MI	49506-2810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SMITH HAUGHEY**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180500**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KENNETH S. INNIS**

Mailing Address **2020 21ST AVE S**  
**STE 200**

City	State	Zip Code
NASHVILLE	TN	37212-4354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SOUTHEAST FINANCIAL GROUP**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174404**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOLLY IRANI**

Mailing Address **76 MARTIRQUE AVENUE**

City	State	Zip Code
TAMPA	FL	33606-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159459**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1239 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. NANCY L. IREDALE**

Mailing Address **PO BOX 71033**

City	State	Zip Code
<b>LOS ANGELES</b>	<b>CA</b>	<b>90071-0033</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PAUL HASTINGS**

Occupation  
**TAX PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.165654**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANDRE A. IRWIN**

Mailing Address **5640 RIVERWALK DR**  
**APT 724**

City	State	Zip Code
<b>BENBROOK</b>	<b>TX</b>	<b>76109-5750</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MARRIOTT INTERNATIONAL**

Occupation  
**HOUSE AIDE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1375.00**

**Transaction ID : SA17.166331**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RAYMOND R. IRWIN**

Mailing Address **19050 SE COUNTY LINE RD**

City	State	Zip Code
<b>TEQUESTA</b>	<b>FL</b>	<b>33469-1679</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.174472**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1240 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL J. ISAAC**

Mailing Address 75 PROSPECT AVE

City	State	Zip Code
LARCHMONT	NY	10538-3634

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ARBITER PARTNERS CAPITAL MANAGEMEN

Occupation  
ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173098**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM M. ISAAC**

Mailing Address 1209 WESTWAY DR

City	State	Zip Code
SARASOTA	FL	34236-1120

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FTI CONSULTING

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168189**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☐ Memo Item

**CHARGED BACK**

**C. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY A. ISHBIA**

Mailing Address 1106 CHARRINGTON RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48301-2113

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ISHBIA & GAGLEARD PC

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165451**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1241 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MUNIB ISLAM**

Mailing Address 125 E 72ND ST  
APT 10B

City State Zip Code  
NEW YORK NY 10021-4298

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THIRD POINT LLC

Occupation  
INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157071**

Date of Receipt

M M / D D / Y Y Y Y  
10 05 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DORAL ISLES-CATALINA**

Mailing Address 11107 NW 72ND TER

City State Zip Code  
DORAL FL 33178-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173569**

Date of Receipt

M M / D D / Y Y Y Y  
12 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHRIS ISRAEL**

Mailing Address 1911 WINDSOR RD

City State Zip Code  
ALEXANDRIA VA 22307-1106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN CONTINENTAL GROUP

Occupation  
LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163159**

Date of Receipt

M M / D D / Y Y Y Y  
10 26 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1242 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VEENEETH IYENGAR**

Mailing Address 1355 17TH ST NW

City

WASHINGTON

State

DC

Zip Code

20036-1931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SAGE GROWTH PARTNER

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.157937**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VEENEETH IYENGAR**

Mailing Address 1355 17TH ST NW

City

WASHINGTON

State

DC

Zip Code

20036-1931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SAGE GROWTH PARTNER

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.173297**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LUIS H. IZQUIERDO**

Mailing Address 6400 SW 102ND ST

City

PINECREST

State

FL

Zip Code

33156-3362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166593**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1243 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CURTIS JABLONKA**

Mailing Address 3212 N ST NW

City

WASHINGTON

State

DC

Zip Code

20007-2829

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JR. PROPERTIES DC LLC

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.162402**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ZOE LOUISE JACKMAN**

Mailing Address 1112 TRINIDAD AVE NE

City

WASHINGTON

State

DC

Zip Code

20002-3812

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BGR GROUP

Occupation

RESEARCH ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163245**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALEXANDER JACKSON**

Mailing Address 33 GILLIAM LN

City

RIVERSIDE

State

CT

Zip Code

06878-2200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178356**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1244 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANK JACKSON**

Mailing Address 40 N INTERSTATE 35

City	State	Zip Code
AUSTIN	TX	78701-4318

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
TX AFFILIATION OF AFFORDABLE HOUSING	EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.157815**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRANK JACKSON**

Mailing Address 40 N INTERSTATE 35

City	State	Zip Code
AUSTIN	TX	78701-4318

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
TX AFFILIATION OF AFFORDABLE HOUSING	EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.167075**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRANK JACKSON**

Mailing Address 40 N INTERSTATE 35

City	State	Zip Code
AUSTIN	TX	78701-4318

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
TX AFFILIATION OF AFFORDABLE HOUSING	EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.167076**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1245 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANK JACKSON**

Mailing Address 40 N INTERSTATE 35

City  
AUSTIN

State  
TX

Zip Code  
78701-4318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TX AFFILIATION OF AFFORDABLE HOUSING

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.173207**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRANK JACKSON**

Mailing Address 40 N INTERSTATE 35

City  
AUSTIN

State  
TX

Zip Code  
78701-4318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TX AFFILIATION OF AFFORDABLE HOUSING

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.175861**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRANK JACKSON**

Mailing Address 40 N INTERSTATE 35

City  
AUSTIN

State  
TX

Zip Code  
78701-4318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TX AFFILIATION OF AFFORDABLE HOUSING

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.180919**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1246 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. JACKSON**

Mailing Address **715 BAYSHORE DR**  
**PH 1**

City State Zip Code  
**FORT LAUDERDALE FL 33304-3989**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AUTONATION, INC.**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158237**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAM J. JACKSON**

Mailing Address **3817 LARKIN LN**

City State Zip Code  
**GARLAND TX 75043-2529**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**NATURE TRAIL BUILDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.173208**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAM J. JACKSON**

Mailing Address **3817 LARKIN LN**

City State Zip Code  
**GARLAND TX 75043-2529**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**NATURE TRAIL BUILDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.174688**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1247 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAM J. JACKSON**

Mailing Address 3817 LARKIN LN

City

GARLAND

State

TX

Zip Code

75043-2529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

NATURE TRAIL BUILDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.176511**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. W. BRENT JACKSON**

Mailing Address 2924 ERNEST WILLIAMS RD

City

AUTRYVILLE

State

NC

Zip Code

28318-7966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166337**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ELI JACOBSON**

Mailing Address 250 W 90TH ST  
APT 9H

City

NEW YORK

State

NY

Zip Code

10024-1141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SULLIVAN & CROMWELL LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163019**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1248 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. EMILY Z. JACOBS**

Mailing Address 1801 16TH ST NW  
APT 111

City State Zip Code  
WASHINGTON DC 20009-3384

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SQUIRE PATTON BOGGS

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.163249**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. IRWIN L. JACOBS**

Mailing Address 1700 SHORELINE DR

City State Zip Code  
WAYZATA MN 55391-9770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JACOBS MANAGEMENT CORPORATION

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168662**

Date of Receipt

M M / D D / Y Y Y Y  
11 17 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☐ Memo Item

**CHARGED BACK**

**C. Full Name (Last, First, Middle Initial)**

**JOHN JACOBSON**

Mailing Address 10378 NEWPORT DR

City State Zip Code  
EDEN PRAIRIE MN 55347-4944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LUMINARA WORLDWIDE, LLC

Occupation  
DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173182**

Date of Receipt

M M / D D / Y Y Y Y  
12 01 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1249 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY A. JACOBSON**

Mailing Address 10 DEER PARK CT

City	State	Zip Code
GREENWICH	CT	06830-3803

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.177402**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHERYL JAEGER**

Mailing Address 310 S SAINT ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314-3746

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WILLIAMS & JENSEN

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173216**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**REZA JAHANGIRI**

Mailing Address 3 COVENTRY

City	State	Zip Code
NEWPORT BEACH	CA	92660-6810

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AMERICAN ADVISORS GROUP

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155269**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1250 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD A. JAIMES**

Mailing Address 253 7TH PL

City	State	Zip Code
CHICAGO HEIGHTS	IL	60411-2103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174057**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD A. JAIMES**

Mailing Address 253 7TH PL

City	State	Zip Code
CHICAGO HEIGHTS	IL	60411-2103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174058**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW JALABA**

Mailing Address 30605 WOODGATE DR

City	State	Zip Code
SOUTHFIELD	MI	48076-5387

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

CONWAY MACKENZIE

ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161230**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1251 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEVE JALABA**

Mailing Address 30605 WOODGATE DR

City	State	Zip Code
SOUTHFIELD	MI	48076-5387

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**COMPLETE COMMUNICATIONS**

Occupation  
**ELECTRICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161336**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOM M. JAMES**

Mailing Address 1630 SEAWAY DR  
APT 106

City	State	Zip Code
FORT PIERCE	FL	34949-3184

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.181588**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SATHESH JANAKI**

Mailing Address 17011 SONOMA RDG

City	State	Zip Code
SAN ANTONIO	TX	78255-3805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ALLSTATE**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.176563**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3205.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1252 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SATHESH JANAKI**

Mailing Address 17011 SONOMA RDG

City

SAN ANTONIO

State

TX

Zip Code

78255-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALLSTATE

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.177047**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JON J. JANECEK**

Mailing Address 895 DOVE ST  
STE 500

City

NEWPORT BEACH

State

CA

Zip Code

92660-2999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEWMAYER & DILLON LLP

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162931**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SUSAN JANGRO**

Mailing Address 911 PONTE VEDRA BLVD

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

VOLUNTEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.160180**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2760.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1253 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. RIMA JASSER**

Mailing Address 25566 HILLSDALE DR

City	State	Zip Code
NOVI	MI	48374-2157

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FORD MOTOR COMPANY**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165774**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TONY JASSER**

Mailing Address 25566 HILLSDALE DR

City	State	Zip Code
NOVI	MI	48374-2157

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FORD MOTOR COMPANY**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165773**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LINDA ANN JELACICH**

Mailing Address 4747 WALNUT RD

City	State	Zip Code
HUGHSON	CA	95326-9769

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JOSEPH GALLO FARMS**

Occupation  
**RANCHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.161178**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1254 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ARTHUR JENKINS**

Mailing Address **1476 HARBORSUN DR**

City	State	Zip Code
CHARLESTON	SC	29412-8286

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAINT JAMES ANGLICAN CHURCH**

Occupation  
**CLERGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.164081**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ARTHUR JENKINS**

Mailing Address **1476 HARBORSUN DR**

City	State	Zip Code
CHARLESTON	SC	29412-8286

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAINT JAMES ANGLICAN CHURCH**

Occupation  
**CLERGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.171610**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ARTHUR JENKINS**

Mailing Address **1476 HARBORSUN DR**

City	State	Zip Code
CHARLESTON	SC	29412-8286

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAINT JAMES ANGLICAN CHURCH**

Occupation  
**CLERGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.178712**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1255 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANNE JENNINGS**

Mailing Address 23 EDENTON RD

City	State	Zip Code
MT PLEASANT	SC	29464-7608

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

**Transaction ID : SA17.159397**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANNE JENNINGS**

Mailing Address 23 EDENTON RD

City	State	Zip Code
MT PLEASANT	SC	29464-7608

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

**Transaction ID : SA17.167784**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANNE JENNINGS**

Mailing Address 23 EDENTON RD

City	State	Zip Code
MT PLEASANT	SC	29464-7608

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

**Transaction ID : SA17.179213**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

230.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1256 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREA JENSEN**

Mailing Address 3500 FOX HUNT DR

City

ANN ARBOR

State

MI

Zip Code

48105-3034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNIVERSITY OF MICHIGAN

Occupation

RESEARCH MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.160946**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREA JENSEN**

Mailing Address 3500 FOX HUNT DR

City

ANN ARBOR

State

MI

Zip Code

48105-3034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNIVERSITY OF MICHIGAN

Occupation

RESEARCH MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.169879**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREA JENSEN**

Mailing Address 3500 FOX HUNT DR

City

ANN ARBOR

State

MI

Zip Code

48105-3034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNIVERSITY OF MICHIGAN

Occupation

RESEARCH MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177717**

Date of Receipt

**12 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1257 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOUGLAS JENSEN**

Mailing Address **4469 N WILSON AVE**

City

**FRESNO**

State

**CA**

Zip Code

**93704-3631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BAKER, MANOCK & JENSEN**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.160767**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DOUGLAS JENSEN**

Mailing Address **4469 N WILSON AVE**

City

**FRESNO**

State

**CA**

Zip Code

**93704-3631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BAKER, MANOCK & JENSEN**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.169826**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOUGLAS JENSEN**

Mailing Address **4469 N WILSON AVE**

City

**FRESNO**

State

**CA**

Zip Code

**93704-3631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BAKER, MANOCK & JENSEN**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.177693**

Date of Receipt

**12 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1258 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GORDON A. JENSEN**

Mailing Address **990 CAPE MARCO DR**  
**UNIT 803**

City **MARCO ISLAND** State **FL** Zip Code **34145-6328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.160021**

Date of Receipt

**10** / **19** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VIOLETTA JEREZ**

Mailing Address **304 PARK AVE S**  
**STE 214**

City **NEW YORK** State **NY** Zip Code **10010-4321**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ALLIANCE GROUP CONSULTING**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.156657**

Date of Receipt

**10** / **04** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VIOLETTA JEREZ**

Mailing Address **304 PARK AVE S**  
**STE 214**

City **NEW YORK** State **NY** Zip Code **10010-4321**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ALLIANCE GROUP CONSULTING**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.163995**

Date of Receipt

**10** / **28** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1259 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VIOLETTA JEREZ**

Mailing Address **304 PARK AVE S**  
**STE 214**

City **NEW YORK** State **NY** Zip Code **10010-4321**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ALLIANCE GROUP CONSULTING**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.179317**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID JEROME**

Mailing Address **6669 TUSCANY RIDGE DR**

City **EL PASO** State **TX** Zip Code **79912-8173**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.177009**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**J. ROBERT JESMER**

Mailing Address **2008 N JEFFERSON ST**

City **ARLINGTON** State **VA** Zip Code **22205-3125**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FP1 STRATEGIES**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173672**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3225.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1260 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS JEWELL**

Mailing Address **6 KNOLL ST**

City

**RIVERSIDE**

State

**CT**

Zip Code

**06878-2111**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CREDIT SUISSE**

Occupation

**INVESTMENT ADVISORS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158422**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT V. JEWELL**

Mailing Address **5530 WOODWAY DR**

City

**HOUSTON**

State

**TX**

Zip Code

**77056-1209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ANDREWS KURTH**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.171390**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT V. JEWELL**

Mailing Address **5530 WOODWAY DR**

City

**HOUSTON**

State

**TX**

Zip Code

**77056-1209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ANDREWS KURTH**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.180510**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1261 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARCOS JIMENEZ**

Mailing Address 5936 SW 11TH ST

City	State	Zip Code
WEST MIAMI	FL	33144-5112

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MCDERMOTT WILL & EMERY LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173151**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PETER L. JIMENEZ**

Mailing Address 9298 SW 57TH AVE

City	State	Zip Code
PINECREST	FL	33156-2136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**HEALTHCARE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.159320**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROMMEL JIMENEZ**

Mailing Address 17764 SW 146TH CT

City	State	Zip Code
MIAMI	FL	33177-7667

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MGM IT SOLUTIONS**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181150**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1262 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. JIMESON IV**

Mailing Address 501 WILSON ST

City	State	Zip Code
FAIRFIELD	CT	06825-1427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PFIZER

Occupation  
CORPORATE AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158042**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. JIMESON IV**

Mailing Address 501 WILSON ST

City	State	Zip Code
FAIRFIELD	CT	06825-1427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PFIZER

Occupation  
CORPORATE AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159062**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

## CONTRIBUTION

Amount of Each Receipt this Period

400.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. JIMESON IV**

Mailing Address 501 WILSON ST

City	State	Zip Code
FAIRFIELD	CT	06825-1427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PFIZER

Occupation  
CORPORATE AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166434**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

600.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1263 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. JIMESON IV**

Mailing Address 501 WILSON ST

City	State	Zip Code
FAIRFIELD	CT	06825-1427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PFIZER

Occupation  
CORPORATE AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175048**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DANIEL JOBE**

Mailing Address 5122 YUMA ST NW

City	State	Zip Code
WASHINGTON	DC	20016-4338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAPITOL CADILLAC COMPANY

Occupation  
AUTOMOTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173293**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LISA BELL JOBE**

Mailing Address 5122 YUMA ST NW

City	State	Zip Code
WASHINGTON	DC	20016-4338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173486**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1264 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. C. LLOYD JOHNSON JR.**

Mailing Address 917 CARDINAL RD

City	State	Zip Code
VIRGINIA BEACH	VA	23451-4910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158376**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. C. LLOYD JOHNSON JR.**

Mailing Address 917 CARDINAL RD

City	State	Zip Code
VIRGINIA BEACH	VA	23451-4910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.166914**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. C. LLOYD JOHNSON JR.**

Mailing Address 917 CARDINAL RD

City	State	Zip Code
VIRGINIA BEACH	VA	23451-4910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.170853**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

125.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1265 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. C. LLOYD JOHNSON JR.**

Mailing Address 917 CARDINAL RD

City	State	Zip Code
VIRGINIA BEACH	VA	23451-4910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.181751**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CRAIG JOHNSON**

Mailing Address 2995 WOODSIDE RD  
STE 400-505

City	State	Zip Code
WOODSIDE	CA	94062-2446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JMP GROUP

Occupation  
FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158412**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DARYL JOHNSON**

Mailing Address 16064 BRISTOL ISLE WAY

City	State	Zip Code
DELRAY BEACH	FL	33446-2378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEALTHCARE APPRAISERS

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176730**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1266 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DERON JOHNSON**

Mailing Address 1315 BURNETT DR

City

AURORA

State

IL

Zip Code

60502-7051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HYATT HOTELS CORPORATION

Occupation

VICE-PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167440**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DERON JOHNSON**

Mailing Address 1315 BURNETT DR

City

AURORA

State

IL

Zip Code

60502-7051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HYATT HOTELS CORPORATION

Occupation

VICE-PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176836**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS E. JOHNSTONE**

Mailing Address 3211 S OCEAN BLVD  
APT 1001

City

HIGHLAND BEACH

State

FL

Zip Code

33487-2525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158701**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1267 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS E. JOHNSTONE**

Mailing Address 3211 S OCEAN BLVD  
APT 1001

City State Zip Code  
HIGHLAND BEACH FL 33487-2525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170565**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JAMES JOHNSON**

Mailing Address 710 N PERSON ST  
APT 105

City State Zip Code  
RALEIGH NC 27604-1284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTH CAROLINA DEPARTMENT OF  
REVENUE

Occupation  
DIRECTOR OF PUBLIC AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163904**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DR. JANE PENELOPE JOHNSON**

Mailing Address 2182 LANSILL RD

City State Zip Code  
LEXINGTON KY 40504-3010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FREELANCE WRITER/POET/SONGWRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

**Transaction ID : SA17.160667**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1268 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**DR. JANE PENELOPE JOHNSON**  
Mailing Address 2182 LANSILL RD

City State Zip Code  
LEXINGTON KY 40504-3010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FREELANCE WRITER/POET/SONGWRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

**Transaction ID : SA17.178149**

Date of Receipt

M M / D D / Y Y Y Y  
12 23 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. JENNIFER M. JOHNSON**  
Mailing Address 550 EUCALYPTUS AVE

City State Zip Code  
HILLSBOROUGH CA 94010-6445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FRANKLIN TEMPLETON INVESTMENTS

Occupation  
CO-PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177895**

Date of Receipt

M M / D D / Y Y Y Y  
12 22 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JOANN T. JOHNS**  
Mailing Address 2217 SHADOW WOOD LN

City State Zip Code  
SARASOTA FL 34240-9331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JOHNS EASTERN CO.

Occupation  
PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.173050**

Date of Receipt

M M / D D / Y Y Y Y  
11 30 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4701.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1269 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEITH JOHNSON**

Mailing Address **5817 CORONADO RIDGE DR**

City	State	Zip Code
EL PASO	TX	79912-4245

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ORTHOPEDIC SURGEON**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177546**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS KRISTA MICHELLE JOHNSON**

Mailing Address **3231 P ST NW**

City	State	Zip Code
WASHINGTON	DC	20007-2882

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**STORE OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2950.00**

**Transaction ID : SA17.163527**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS KRISTA MICHELLE JOHNSON**

Mailing Address **3231 P ST NW**

City	State	Zip Code
WASHINGTON	DC	20007-2882

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**STORE OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2950.00**

**Transaction ID : SA17.163527B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-250.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**5400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1270 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS KRISTA MICHELLE JOHNSON**

Mailing Address 3231 P ST NW

City	State	Zip Code
WASHINGTON	DC	20007-2882

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**STORE OWNER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2950.00

**Transaction ID : SA17.168228**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MRS. LISA M. JOHNSTON**

Mailing Address 377 S GLENHURST DR

City	State	Zip Code
BIRMINGHAM	MI	48009-4405

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CONWAY MACKENZIE**

Occupation  
**VP OF OPERATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161334**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS MAGHEN JOHNSON**

Mailing Address 1220 WATSON DIVIDE ROAD

City	State	Zip Code
SNOWMASS	CO	81654-9046

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CLAIMSTAKE PRODUCTIONS**

Occupation  
**PERSONAL ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

**Transaction ID : SA17.169455**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1600.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1271 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARK JOHNSON**

Mailing Address 9840 ISLANDSIDE DR

City	State	Zip Code
MONTGOMERY VILLAGE	MD	20886-4210

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.164536**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY FARISH JOHNSTON**

Mailing Address 11000 KEMWOOD DR

City	State	Zip Code
HOUSTON	TX	77024-6806

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172766**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK M. JOHNSON**

Mailing Address 128 W BRANDON DR

City	State	Zip Code
SAN ANTONIO	TX	78209-6404

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157294**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1272 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL JOHNSON**

Mailing Address **7307 MCKINLEY STREET**

City	State	Zip Code
HOLLYWOOD	FL	33024-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DMS AIRCRAFT SERVICES INC**

Occupation  
**OWNERS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.159649**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL JOHNSON**

Mailing Address **7307 MCKINLEY STREET**

City	State	Zip Code
HOLLYWOOD	FL	33024-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DMS AIRCRAFT SERVICES INC**

Occupation  
**OWNERS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.163564**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL JOHNSON**

Mailing Address **7307 MCKINLEY STREET**

City	State	Zip Code
HOLLYWOOD	FL	33024-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DMS AIRCRAFT SERVICES INC**

Occupation  
**OWNERS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.168802**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1273 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL JOHNSON**

Mailing Address **7307 MCKINLEY STREET**

City	State	Zip Code
HOLLYWOOD	FL	33024-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DMS AIRCRAFT SERVICES INC**

Occupation  
**OWNERS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.172530**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL JOHNSON**

Mailing Address **7307 MCKINLEY STREET**

City	State	Zip Code
HOLLYWOOD	FL	33024-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DMS AIRCRAFT SERVICES INC**

Occupation  
**OWNERS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.173313**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL JOHNSON**

Mailing Address **7307 MCKINLEY STREET**

City	State	Zip Code
HOLLYWOOD	FL	33024-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DMS AIRCRAFT SERVICES INC**

Occupation  
**OWNERS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.175149**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1274 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL JOHNSON**

Mailing Address **7307 MCKINLEY STREET**

City **HOLLYWOOD** State **FL** Zip Code **33024-**

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DMS AIRCRAFT SERVICES INC**

Occupation  
**OWNERS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.179107**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAMELA JOHNSON**

Mailing Address **4021 AUDUBON DR**

City **LARGO** State **FL** Zip Code **33771-3309**

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PHARMERICA**

Occupation  
**PHARMACIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.169972**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAMELA JOHNSON**

Mailing Address **4021 AUDUBON DR**

City **LARGO** State **FL** Zip Code **33771-3309**

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PHARMERICA**

Occupation  
**PHARMACIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.177170**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**550.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1275 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RENARD U. JOHNSON**

Mailing Address 1381 DIAMOND GATE PL

City	State	Zip Code
EL PASO	TX	79936-7841

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**METI, INC.**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177903**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICK JOHNSON**

Mailing Address 10848 W YOUTH CAMP RD

City	State	Zip Code
COLUMBUS	IN	47201-9270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHNSON VENTURES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158441**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LTG ROBERT B. JOHNSTON**

Mailing Address 3851 N VIA DE LA LUNA

City	State	Zip Code
TUCSON	AZ	85749-8967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162069**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1276 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS L. JOHNSON**

Mailing Address 4105 SHIMMERING CV

City

AUSTIN

State

TX

Zip Code

78731-5138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AGC OF TEXAS

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.138522**

Date of Receipt

MM / DD / YYYY  
08 / 19 / 2015

19

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS L. JOHNSON**

Mailing Address 4105 SHIMMERING CV

City

AUSTIN

State

TX

Zip Code

78731-5138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AGC OF TEXAS

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.138522B**

Date of Receipt

MM / DD / YYYY  
10 / 16 / 2015

16

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00



Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS L. JOHNSON**

Mailing Address 4105 SHIMMERING CV

City

AUSTIN

State

TX

Zip Code

78731-5138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AGC OF TEXAS

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.159170**

Date of Receipt

MM / DD / YYYY  
10 / 16 / 2015

16

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1277 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. TRACY L. JOHNSON**

Mailing Address 2120 PARKSIDE AVE

City

HILLSBOROUGH

State

CA

Zip Code

94010-6453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174743**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VALERIE JOHNSON**

Mailing Address 115 CENTENNIAL AVE

City

SEWICKLEY

State

PA

Zip Code

15143-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159391**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. VINCENT JOHNSON**

Mailing Address 1440 BREER CT

City

BLOOMFIELD TOWNSHIP

State

MI

Zip Code

48302-1904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163013**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1278 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WALKER C. JOHNSON**

Mailing Address **833 W FULLERTON AVE**

City	State	Zip Code
CHICAGO	IL	60614-2412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHNSON LASKY KINDELIN ARCHITECTS**

Occupation  
**ARCHITECT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.161546**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. RUPA JOLLY**

Mailing Address **3 AUDUBON PL**

City	State	Zip Code
NEW ORLEANS	LA	70118-5525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172925**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. TARUN JOLLY**

Mailing Address **3 AUDUBON PL**

City	State	Zip Code
NEW ORLEANS	LA	70118-5525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172934**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1279 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALVA V. JONES JR.**

Mailing Address PO BOX 2068

City	State	Zip Code
ALBANY	TX	76430-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VAN OPERATING, LTD

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165369**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. BETTYE JONES**

Mailing Address 2000 GULF AVE

City	State	Zip Code
MIDLAND	TX	79705-8619

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INTERIOR DESIGNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166630**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTINE JONES**

Mailing Address 6631 N 31ST ST

City	State	Zip Code
PHOENIX	AZ	85016-8909

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160735**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1280 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DONALD B. JONES**

Mailing Address 2000 GULF AVE

City	State	Zip Code
MIDLAND	TX	79705-8619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166636**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GARRY JONES**

Mailing Address 1151 PRESERVE POINT DR

City	State	Zip Code
WINTER PARK	FL	32789-5932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FULL SAIL UNIVERSITY

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.169836**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GARRY JONES**

Mailing Address 1151 PRESERVE POINT DR

City	State	Zip Code
WINTER PARK	FL	32789-5932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FULL SAIL UNIVERSITY

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170127**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1281 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GARRY JONES**

Mailing Address 1151 PRESERVE POINT DR

City	State	Zip Code
WINTER PARK	FL	32789-5932

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FULL SAIL UNIVERSITY**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170127B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**GARRY JONES**

Mailing Address 1151 PRESERVE POINT DR

City	State	Zip Code
WINTER PARK	FL	32789-5932

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FULL SAIL UNIVERSITY**

Occupation  
**PRESIDENT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.177133**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**IRENE JONES**

Mailing Address 2137 HIDDEN CREEK RD

City	State	Zip Code
FORT WORTH	TX	76107-3563

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169345**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1282 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ISIS JONES**

Mailing Address 300 S INTERLACHEN AVE

City	State	Zip Code
WINTER PARK	FL	32789-4473

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FULL SAIL UNIVERSITY**

Occupation  
**CIO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170126**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES JONES**

Mailing Address 517 NORTHBROOK DR

City	State	Zip Code
RALEIGH	NC	27609-5619

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MANAGEMENT CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165563**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.156421**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1283 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.156426**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163407**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166180**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

75.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1284 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168734**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171200**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171430**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

75.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1285 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174801**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175122**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175123**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

75.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1286 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176040**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178345**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**

Mailing Address 1801 BELLA VISTA DR

City	State	Zip Code
SIERRA VISTA	AZ	85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178631**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1287 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JANE C. JONES-STRAIN**  
Mailing Address 1801 BELLA VISTA DR

City State Zip Code  
SIERRA VISTA AZ 85635-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178795**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. LOUIS H. JONES JR.**  
Mailing Address 13022 ELMINGTON DR

City State Zip Code  
CYPRESS TX 77429-2062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.E.C.

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.159008**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. LOUIS H. JONES JR.**  
Mailing Address 13022 ELMINGTON DR

City State Zip Code  
CYPRESS TX 77429-2062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.E.C.

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.159008B**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

2725.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1288 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LOUIS H. JONES JR.**

Mailing Address 13022 ELMINGTON DR

City	State	Zip Code
CYPRESS	TX	77429-2062

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D.E.C.

Occupation  
ENGINEER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175661**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**M. CATHERINE JONES-HAUPTMAN**

Mailing Address 611 STRATFORD DR

City	State	Zip Code
ANN ARBOR	MI	48104-2745

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163870**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PAT JONES**

Mailing Address PO BOX 2068

City	State	Zip Code
ALBANY	TX	76430-8002

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VAN OPERATING, LTD

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165368**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1289 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PAULA MARIE JONES**

Mailing Address 14881 QUORUM DR  
# 33

City State Zip Code  
DALLAS TX 75254-6781

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US MEMORY CARE, LLC

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157219**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. RAMONA J. JONES**

Mailing Address 6337 BANDERA AVE  
APT B

City State Zip Code  
DALLAS TX 75225-3631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169362**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RYAN JONES**

Mailing Address 110 CENTURY DR  
APT 6208

City State Zip Code  
ALEXANDRIA VA 22304-7516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. GOVERNMENT

Occupation  
PLANNING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.173219**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1290 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. S. ALISON JONES**

Mailing Address **311 W MYRTLE ST**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301-2428</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FORD MOTOR COMPANY**

Occupation  
**GOVERNMENT RELATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.174429**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FRANK G. JONNA**

Mailing Address **6005 WING LAKE RD**

City <b>BLOOMFIELD HILLS</b>	State <b>MI</b>	Zip Code <b>48301-1530</b>
---------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.172989**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DONALD A. JORDAN**

Mailing Address **45216 COURTVIEW TRL**

City <b>NOVI</b>	State <b>MI</b>	Zip Code <b>48375-3862</b>
---------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OCEAN ADVISORY & CONSULTING**

Occupation  
**INVESTMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162155**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1291 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY LOU JORDAN**

Mailing Address **2431 E WITHLACOOCHIEE TRL**

City	State	Zip Code
<b>DUNNELLON</b>	<b>FL</b>	<b>34434-3726</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROBERTS REAL ESTATE**

Occupation  
**ASSOCIATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.165664**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICK JORDAN**

Mailing Address **4277 LAS VIRGENES RD**  
**UNIT 5**

City	State	Zip Code
<b>CALABASAS</b>	<b>CA</b>	<b>91302-1973</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LA COUNTY**

Occupation  
**LAW ENFORCEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.165050**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICK JORDAN**

Mailing Address **4277 LAS VIRGENES RD**  
**UNIT 5**

City	State	Zip Code
<b>CALABASAS</b>	<b>CA</b>	<b>91302-1973</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LA COUNTY**

Occupation  
**LAW ENFORCEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.172451**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1292 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK JORDAN**

Mailing Address **4277 LAS VIRGENES RD**  
**UNIT 5**

City	State	Zip Code
CALABASAS	CA	91302-1973

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LA COUNTY

Occupation  
LAW ENFORCEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.179919**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT JORDAN**

Mailing Address **47 LOTHROP LN**

City	State	Zip Code
COHASSET	MA	02025-1425

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTHWESTERN MUTUAL

Occupation  
FINANCIAL REPRESENTATIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.168611**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AUNA JORNAYVAZ**

Mailing Address **1506 COTTONWOOD LN**

City	State	Zip Code
GREENWOOD VILLAGE	CO	80121-1227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUNA JORNAYVAZ

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159614**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**800.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1293 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT JORRIE**

Mailing Address 2519 OLD BROOK LN

City

SAN ANTONIO

State

TX

Zip Code

78230-5228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.179920**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNIFER JOYCE**

Mailing Address 25 KENT ST

City

NEWBURYPORT

State

MA

Zip Code

01950-2304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MOTIVATION DESIGN

Occupation

MARKETING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.157135**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JENNIFER JOYCE**

Mailing Address 25 KENT ST

City

NEWBURYPORT

State

MA

Zip Code

01950-2304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MOTIVATION DESIGN

Occupation

MARKETING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.163835**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JENNIFER JOYCE**

Mailing Address 25 KENT ST

City

NEWBURYPORT

State

MA

Zip Code

01950-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOTIVATION DESIGN

Occupation

MARKETING

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.167453**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNIFER JOYCE**

Mailing Address 25 KENT ST

City

NEWBURYPORT

State

MA

Zip Code

01950-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOTIVATION DESIGN

Occupation

MARKETING

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.177251**

Date of Receipt

MM / DD / YYYY  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM JOYCE**

Mailing Address 4113 S FOUR MILE RUN DR  
UNIT 304

City

ARLINGTON

State

VA

Zip Code

22204-3910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOOZ ALLEN HAMILTON

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173677**

Date of Receipt

MM / DD / YYYY  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

375.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1295 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NADIM J. JUBRAN**

Mailing Address 7441 LAWFORD RD

City

KNOXVILLE

State

TN

Zip Code

37919-8178

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

DENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160569**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PHILIP R. JUNGWIRTH**

Mailing Address 2040 UPPER SAINT DENNIS RD

City

SAINT PAUL

State

MN

Zip Code

55116-2809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MORRISSEY HOSPITALITY

Occupation

CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172988**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARIJKE JURGENS-DUPREE**

Mailing Address 3126 ELLICOTT ST NW

City

WASHINGTON

State

DC

Zip Code

20008-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160819**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CLYDE A. JUSTMAN**

Mailing Address 1610 S 108TH ST

City	State	Zip Code
OMAHA	NE	68144-1808

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171796**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ERIC J. KADEL JR.**

Mailing Address 1291 BERRY PL

City	State	Zip Code
MCLEAN	VA	22102-1503

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SULLIVAN & CROMWELL LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176002**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TERRY KAFKA**

Mailing Address 5917 GLENDORA AVE

City	State	Zip Code
DALLAS	TX	75230-5051

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ADVERTISING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174983**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1297 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL A. KAGAN**

Mailing Address 51 OLD STONE HILL RD

City	State	Zip Code
POUND RIDGE	NY	10576-1518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CLEAR BRIDGE INVESTMENTS LLC**

Occupation  
**FUND MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158889**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

350.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. OLGA KAGAN**

Mailing Address 51 OLD STONE HILL RD

City	State	Zip Code
POUND RIDGE	NY	10576-1518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158890**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

350.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. KARLA KAHN**

Mailing Address 3208 WYNNCLIFF CT E

City	State	Zip Code
MOBILE	AL	36695-5502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159549**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1298 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES KAHR**

Mailing Address 901 N POLLARD ST  
APT 1513

City ARLINGTON State VA Zip Code 22203-4096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONSILIO GROUP

Occupation  
GOV. RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.159202**

Date of Receipt

M M / D D / Y Y Y Y  
10 16 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES KAHR**

Mailing Address 901 N POLLARD ST  
APT 1513

City ARLINGTON State VA Zip Code 22203-4096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONSILIO GROUP

Occupation  
GOV. RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.163328**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HERBERT KAI**

Mailing Address PO BOX 1147

City RED ROCK State AZ Zip Code 85145-1004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165439**

Date of Receipt

M M / D D / Y Y Y Y  
11 03 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1299 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MRS. BARBARA R. KAIN**

Mailing Address PO BOX 815

City

ARANSAS PASS

State

TX

Zip Code

78335-0815

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.173447**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****MRS. BARBARA R. KAIN**

Mailing Address PO BOX 815

City

ARANSAS PASS

State

TX

Zip Code

78335-0815

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.177850**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****MR. ROBERT T. KAISER**

Mailing Address 2496 FOXBRIAR CT

City

WEXFORD

State

PA

Zip Code

15090-7811

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WELLS FARGO ADVISORSOccupation  
FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.166342**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

2200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1300 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRIAN KALCZYNSKI**

Mailing Address 31688 FOLKSTONE DR

City	State	Zip Code
FARMINGTON	MI	48336-2514

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BROTHER RICE**

Occupation  
**TEACHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161228**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH PHILIP KALMIN**

Mailing Address 366 PARK AVE  
APT A

City	State	Zip Code
HIGHLAND PARK	IL	60035-2669

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**U.S. HOUSE OF REPRESENTATIVES**

Occupation  
**STAFF ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

773.00

**Transaction ID : SA17.155464**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH PHILIP KALMIN**

Mailing Address 366 PARK AVE  
APT A

City	State	Zip Code
HIGHLAND PARK	IL	60035-2669

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**U.S. HOUSE OF REPRESENTATIVES**

Occupation  
**STAFF ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

773.00

**Transaction ID : SA17.157623**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

195.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2995.00

**Total This Period (last page this line number only)** .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1301 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH PHILIP KALMIN**

Mailing Address **366 PARK AVE**  
**APT A**

City **HIGHLAND PARK** State **IL** Zip Code **60035-2669**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**U.S. HOUSE OF REPRESENTATIVES**

Occupation  
**STAFF ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**773.00**

**Transaction ID : SA17.162200**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH PHILIP KALMIN**

Mailing Address **366 PARK AVE**  
**APT A**

City **HIGHLAND PARK** State **IL** Zip Code **60035-2669**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**U.S. HOUSE OF REPRESENTATIVES**

Occupation  
**STAFF ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**773.00**

**Transaction ID : SA17.166039**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. VERA KALNINS**

Mailing Address **111 ELM STREET**  
**APT. 420**

City **BIRMINGHAM** State **MI** Zip Code **48009-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160048**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**3050.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1302 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH KALPAKOFF**

Mailing Address **1866 N COVENTRY AVE**

City	State	Zip Code
CLOVIS	CA	93619-7414

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MID VALLEY DISPOSEL**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163206**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RADM THOMAS A. KAMM**

Mailing Address **9226 LAKEWOOD DR**

City	State	Zip Code
WINDSOR	CA	95492-9298

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.158794**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RADM THOMAS A. KAMM**

Mailing Address **9226 LAKEWOOD DR**

City	State	Zip Code
WINDSOR	CA	95492-9298

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.174050**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1303 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. DANA KAY KAMMEL**

Mailing Address 4020 BLIND BROOK CT

City

TALLAHASSEE

State

FL

Zip Code

32303-7156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOUNDATION FOR EXCELLENCE N EDUCAT

Occupation

BOARD ADMINISTRATOR

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.168220**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DANA KAY KAMMEL**

Mailing Address 4020 BLIND BROOK CT

City

TALLAHASSEE

State

FL

Zip Code

32303-7156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOUNDATION FOR EXCELLENCE N

EDUCATION

Occupation

BOARD ADMINISTRATOR

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.172535**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. DANA KAY KAMMEL**

Mailing Address 4020 BLIND BROOK CT

City

TALLAHASSEE

State

FL

Zip Code

32303-7156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOUNDATION FOR EXCELLENCE N

EDUCATION

Occupation

BOARD ADMINISTRATOR

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.179925**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1304 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SAM KANNAPPAN**

Mailing Address 11415 SAGEMORGAN DR

City	State	Zip Code
HOUSTON	TX	77089-4222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SNC LAVALIN

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159009**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SAM KANNAPPAN**

Mailing Address 11415 SAGEMORGAN DR

City	State	Zip Code
HOUSTON	TX	77089-4222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SNC LAVALIN

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163145**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SAM KANNAPPAN**

Mailing Address 11415 SAGEMORGAN DR

City	State	Zip Code
HOUSTON	TX	77089-4222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SNC LAVALIN

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181094**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

425.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1305 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RAMZI KANSO**

Mailing Address 310 RILEY VIEW COURT

City	State	Zip Code
KANSORAMZI@GMAIL.COM	GA	30004-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALERE INC.

Occupation  
VP ERM & CHIEF AUDIT EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.162455**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RAMZI KANSO**

Mailing Address 310 RILEY VIEW COURT

City	State	Zip Code
KANSORAMZI@GMAIL.COM	GA	30004-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALERE INC.

Occupation  
VP ERM & CHIEF AUDIT EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.167427**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAMZI KANSO**

Mailing Address 310 RILEY VIEW COURT

City	State	Zip Code
KANSORAMZI@GMAIL.COM	GA	30004-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALERE INC.

Occupation  
VP ERM & CHIEF AUDIT EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.171292**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1306 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RAMZI KANSO**

Mailing Address 310 RILEY VIEW COURT

City	State	Zip Code
KANSORAMZI@GMAIL.COM	GA	30004-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALERE INC.

Occupation  
VP ERM & CHIEF AUDIT EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.176250**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RAMZI KANSO**

Mailing Address 310 RILEY VIEW COURT

City	State	Zip Code
KANSORAMZI@GMAIL.COM	GA	30004-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALERE INC.

Occupation  
VP ERM & CHIEF AUDIT EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.178666**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAMZI KANSO**

Mailing Address 310 RILEY VIEW COURT

City	State	Zip Code
KANSORAMZI@GMAIL.COM	GA	30004-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALERE INC.

Occupation  
VP ERM & CHIEF AUDIT EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.179760**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1307 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NAGESH KANUMURY**

Mailing Address 595 PARKHURST DR

City

CAMPBELL

State

CA

Zip Code

95008-3710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATICA

Occupation  
PRODUCT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172926**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. SUNITA KANUMURY**

Mailing Address 496 E MAIN ST

City

DENVILLE

State

NJ

Zip Code

07834-2554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172944**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MOHAN KAPANI**

Mailing Address 609 RIVERCREST DR

City

MCLEAN

State

VA

Zip Code

22101-1565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164659**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1308 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PUSHPA KAPANI**

Mailing Address 609 RIVERCREST DR

City	State	Zip Code
MCLEAN	VA	22101-1565

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164653**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MATT KAPLAN**

Mailing Address 31 MOUNTAIN RIDGE DR

City	State	Zip Code
LIVINGSTON	NJ	07039-3408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CHIESA SHAHINIAN AND GIANTOMASI

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177282**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ABRAHAM M. KARABAJAKYAN**

Mailing Address 2515 IOWA AVE

City	State	Zip Code
SOUTH GATE	CA	90280-3911

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.155299**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1309 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. ABRAHAM M. KARABAJAKYAN**

Mailing Address 2515 IOWA AVE

City	State	Zip Code
SOUTH GATE	CA	90280-3911

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.157085**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. ABRAHAM M. KARABAJAKYAN**

Mailing Address 2515 IOWA AVE

City	State	Zip Code
SOUTH GATE	CA	90280-3911

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.162775**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**MR. ABRAHAM M. KARABAJAKYAN**

Mailing Address 2515 IOWA AVE

City	State	Zip Code
SOUTH GATE	CA	90280-3911

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.171911**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

150.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1310 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. ABRAHAM M. KARABAJAKYAN**

Mailing Address 2515 IOWA AVE

City	State	Zip Code
SOUTH GATE	CA	90280-3911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.173843**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. ABRAHAM M. KARABAJAKYAN**

Mailing Address 2515 IOWA AVE

City	State	Zip Code
SOUTH GATE	CA	90280-3911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.179146**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**MR. ABRAHAM M. KARABAJAKYAN**

Mailing Address 2515 IOWA AVE

City	State	Zip Code
SOUTH GATE	CA	90280-3911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.180576**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1311 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ABRAHAM M. KARABAJAKYAN**

Mailing Address 2515 IOWA AVE

City	State	Zip Code
SOUTH GATE	CA	90280-3911

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

**Transaction ID : SA17.181622**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAMAL KARAM**

Mailing Address 4783 HIGHCROFT CT.

City	State	Zip Code
EAGAN	MN	55122-4100

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TRAVELERS INSURANCE

Occupation  
VP INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169404**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN KARLSRUHER**

Mailing Address 35 SUN POINT LN

City	State	Zip Code
EL PASO	TX	79912-4261

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CSA DESIGN GROUP, INC.

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174982**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1312 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARY E. KARLSRUHER**

Mailing Address 35 SUN POINT LN

City	State	Zip Code
EL PASO	TX	79912-4261

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CSA DESIGN GROUP, INC.

Occupation  
OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174987**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH STEIN KARMELY**

Mailing Address 448 E 81ST ST

City	State	Zip Code
NEW YORK	NY	10028-5802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.161179**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH STEIN KARMELY**

Mailing Address 448 E 81ST ST

City	State	Zip Code
NEW YORK	NY	10028-5802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.161179B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

CONTRIBUTION

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

Subtotal Of Receipts This Page (optional).....

2950.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1313 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH STEIN KARMELY**  
Mailing Address **448 E 81ST ST**

City State Zip Code  
**NEW YORK NY 10028-5802**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.165472**

Date of Receipt

**11 / 03 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**DANIEL KARNUTA**  
Mailing Address **981 PATRICIAN CT**

City State Zip Code  
**FAIRVIEW TX 75069-8781**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CONIFER HEALTH SOLUTIONS**

Occupation  
**HEALTHCARE SERVICES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166506**

Date of Receipt

**11 / 09 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KAREN KARNUTA**  
Mailing Address **981 PATRICIAN CT**

City State Zip Code  
**FAIRVIEW TX 75069-8781**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE GUTHRIE SCHOOL**

Occupation  
**ART TEACHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166505**

Date of Receipt

**11 / 09 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1314 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ED KARR**

Mailing Address CP 5452

11 SWITZERLAND

City

GENEVA

State

FF

Zip Code

99999-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SSA

Occupation

GESTIONNAIRE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159158**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. ALEXANDER A. KARSNER**

Mailing Address 7009 DEEP CREEK CT

City

BETHESDA

State

MD

Zip Code

20817-2958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MANIFEST ENERGY, INC

Occupation

ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158444**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARIA KARSNER**

Mailing Address 7009 DEEP CREEK CT

City

BETHESDA

State

MD

Zip Code

20817-2958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158445**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1315 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NEISEN O. KASDIN**

Mailing Address PO BOX 4587

City	State	Zip Code
WEST PALM BEACH	FL	33402-4587

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ACHERMON**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168689**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. NEISEN O. KASDIN**

Mailing Address PO BOX 4587

City	State	Zip Code
WEST PALM BEACH	FL	33402-4587

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ACHERMON**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174393**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SCOTT KASPAR**

Mailing Address 13940 BUNRATTY DR

City	State	Zip Code
ORLAND PARK	IL	60467-7407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FOLEY & LARDNER LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

410.00

**Transaction ID : SA17.158297**

Date of Receipt

**10 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1316 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BARCLAY KASS**

Mailing Address 3515 N SAVANNAH PL

City	State	Zip Code
VERO BEACH	FL	32963-4792

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170260**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DENNIS KASS**

Mailing Address 3515 N SAVANNAH PL

City	State	Zip Code
VERO BEACH	FL	32963-4792

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170261**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MOFIED KASSAB**

Mailing Address 1649 E DESERT WILLOW DR

City	State	Zip Code
PHOENIX	AZ	85048-4520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CS&S COMPUTER SYSTEMS, INC

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158409**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1317 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**I. MICHAEL KASSER**

Mailing Address **3573 E SUNRISE DR**  
**STE 225**

City **TUCSON** State **AZ** Zip Code **85718-3206**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOLUALOA ARIZONA, INC.**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.171196**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVE KATANIC**

Mailing Address **3025 BREEZY LN**

City **CASTLE ROCK** State **CO** Zip Code **80109-4578**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KATANIC & CO LLC.**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.172470**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVE KATANIC**

Mailing Address **3025 BREEZY LN**

City **CASTLE ROCK** State **CO** Zip Code **80109-4578**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KATANIC & CO LLC.**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.174554**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1318 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD KATERNDAHL**

Mailing Address 15 MOODY CT

City

SAN RAFAEL

State

CA

Zip Code

94901-1028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.166697**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD KATERNDAHL**

Mailing Address 15 MOODY CT

City

SAN RAFAEL

State

CA

Zip Code

94901-1028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.181501**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRENT KATSAKOS**

Mailing Address PO BOX 5000

City

RANCHO SANTA FE

State

CA

Zip Code

92067-5000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.173838**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1319 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRENT KATSAKOS**

Mailing Address PO BOX 5000

City	State	Zip Code
RANCHO SANTA FE	CA	92067-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.181770**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JUDY KATZ**

Mailing Address 27 APPLEGREEN DR

City	State	Zip Code
OLD WESTBURY	NY	11568-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159122**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FREDERICK KAUBER**

Mailing Address 652 BEDFORD RD

City	State	Zip Code
PLEASANTVILLE	NY	10570-3342

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CAIS GROUP**

Occupation  
**CTO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158092**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1320 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KATHRYN KAUFMAN**

Mailing Address 1250 D ST SE

City  
WASHINGTON

State Zip Code  
DC 20003-2217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEW MAGELLAN VENTURES

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163528**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RONALD KAUFMAN**

Mailing Address 250 BEACON ST

City  
BOSTON

State Zip Code  
MA 02116-1203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163083**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH KAVANAGH**

Mailing Address 5305 ALBEMARLE ST

City  
BETHESDA

State Zip Code  
MD 20816-1826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FBR & CO

Occupation  
INVESTMENT BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168286**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1321 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MERCEDES KAVANAGH**

Mailing Address 5305 ALBEMARLE ST

City

BETHESDA

State

MD

Zip Code

20816-1826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168287**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD J. KAVANAGH**

Mailing Address 401 ASHLEY DR

City

NEW LENOX

State

IL

Zip Code

60451-1165

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KAVANAGH GRUMLEY & GORBOLD LLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.158947**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. KIANOOSH KAVEH**

Mailing Address 3221 TAMIAMI TRL

City

PORT CHARLOTTE

State

FL

Zip Code

33952-8002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

COASTAL NEPHROLOGY

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172312**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1322 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MATTHEW KAYTON**

Mailing Address 457 19TH ST

City	State	Zip Code
SANTA MONICA	CA	90402-2431

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.177145**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MATTHEW KAYTON**

Mailing Address 457 19TH ST

City	State	Zip Code
SANTA MONICA	CA	90402-2431

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.179377**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEVEN J. KEAN**

Mailing Address 3631 MEADOW LAKE LN

City	State	Zip Code
HOUSTON	TX	77027-4110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KINDER MORGAN, INC.

Occupation  
PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173015**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1323 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KEVIN J. KEANE**

Mailing Address **35 HIGHLAND RD**  
**APT 1104**

City **BETHEL PARK** State **PA** Zip Code **15102-1868**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LINCOLN PROPERTY COMPANY**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.162923**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATHLEEN KEARNEY**

Mailing Address **1324 MOSSWOOD CHASE**

City **TALLAHASSEE** State **FL** Zip Code **32312-3952**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CHILD WELFARE CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1805.00**

**Transaction ID : SA17.179928**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RYAN D. KEATHLEY**

Mailing Address **417 HONEYCOMB RDG**

City **AUSTIN** State **TX** Zip Code **78746-5324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GLP**

Occupation  
**COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**525.00**

**Transaction ID : SA17.161094**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1525.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1324 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALEC G. KEATING**

Mailing Address **316 ELIZABETH PL**

City	State	Zip Code
GENEVA	IL	60134-3038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158504**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH KECKLER**

Mailing Address **1121 FOUCHER ST**

City	State	Zip Code
NEW ORLEANS	LA	70115-2539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JDRF**

Occupation  
**FUNDRAISER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173348**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN S. KEELER**

Mailing Address **1620 E 75TH ST**

City	State	Zip Code
INDIANAPOLIS	IN	46240-3181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CENTAUR GAMING**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.165657**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1325 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY ANN KEELER**

Mailing Address 2525 INDIAN TRL SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-3116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.168202**

Date of Receipt

MM / DD / YYYY  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARY ANN KEELER**

Mailing Address 2525 INDIAN TRL SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-3116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.168202B**

Date of Receipt

MM / DD / YYYY  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2300.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY ANN KEELER**

Mailing Address 2525 INDIAN TRL SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-3116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.168680**

Date of Receipt

MM / DD / YYYY  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2300.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

5000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1326 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KINSLEY S. KEEN**

Mailing Address **140 E MORSE BLVD**

City

**WINTER PARK**

State

**FL**

Zip Code

**32789-7420**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFF**

Occupation

**INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.181154**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KRISTEN E. KEEN**

Mailing Address **121 GARFIELD AVE**

City

**WINTER PARK**

State

**FL**

Zip Code

**32789-3861**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.181153**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MALCOLM KEEN**

Mailing Address **13918 RAMHURST DR**  
**UNIT 2**

City

**LAMIRADA**

State

**CA**

Zip Code

**90638-1732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.161767**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STUART A. KEEN**

Mailing Address **1340 S MARENGO AVE**

City <b>PASADENA</b>	State <b>CA</b>	Zip Code <b>91106-4226</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.166690**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STUART A. KEEN**

Mailing Address **1340 S MARENGO AVE**

City <b>PASADENA</b>	State <b>CA</b>	Zip Code <b>91106-4226</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.177794**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. KEENAN**

Mailing Address **739 MARBLE WAY**

City <b>BOCA RATON</b>	State <b>FL</b>	Zip Code <b>33432-3006</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KENNAN DEVELOPMENT GROUP**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.181151**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1328 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. LYNDA KEEVER**

Mailing Address 12029 HAZEN AVE

City	State	Zip Code
THONOTOSASSA	FL	33592-2822

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ESHENBAUGH LAND COMPANY**

Occupation  
**REAL ESTATE EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.158626**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NATHAN KEHM**

Mailing Address 213 FOX RUN DR

City	State	Zip Code
VENETIA	PA	15367-1429

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FEDERATED INVESTORS**

Occupation  
**PORTFOLIO MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161485**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES A. KEHOE**

Mailing Address 916 CALLE VISTOSO

City	State	Zip Code
SANTA FE	NM	87501-1032

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165895**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1329 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES A. KEHOE**

Mailing Address 916 CALLE VISTOSO

City	State	Zip Code
SANTA FE	NM	87501-1032

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.173767**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES A. KEHOE**

Mailing Address 916 CALLE VISTOSO

City	State	Zip Code
SANTA FE	NM	87501-1032

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.179931**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PETER KEHOE**

Mailing Address 27 ELK ST

City	State	Zip Code
ALBANY	NY	12207-1002

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STAR GOVERNMENTAL

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161011**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1330 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PETER KEHOE**

Mailing Address **27 ELK ST**

City	State	Zip Code
ALBANY	NY	12207-1002

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STAR GOVERNMENTAL**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.167073**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWIN CHESTER KEITH**

Mailing Address **3838 CANOT LN**

City	State	Zip Code
ADDISON	TX	75001-7903

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**425.00**

**Transaction ID : SA17.171392**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EDWIN CHESTER KEITH**

Mailing Address **3838 CANOT LN**

City	State	Zip Code
ADDISON	TX	75001-7903

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**425.00**

**Transaction ID : SA17.176538**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**175.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1331 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MR. EDWIN CHESTER KEITH**

Mailing Address 3838 CANOT LN

City	State	Zip Code
ADDISON	TX	75001-7903

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.178650**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**MRS. KATE KEITH**

Mailing Address 19 OLD FARM RD

City	State	Zip Code
DARIEN	CT	06820-6100

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163215**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**MRS. BRIDGET GLESS KELLER**

Mailing Address 1957 MANDEVILLE CANYON RD

City	State	Zip Code
LOS ANGELES	CA	90049-2200

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BRIDGET GLESS DESIGNS

Occupation  
JEWELRY DESIGNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175900**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1332 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES KELLEY**

Mailing Address 1204 25TH TER SW

City	State	Zip Code
VERO BEACH	FL	32968-5068

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ULM CORPORATION

Occupation  
OP MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.150306**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES KELLEY**

Mailing Address 1204 25TH TER SW

City	State	Zip Code
VERO BEACH	FL	32968-5068

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ULM CORPORATION

Occupation  
OP MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.150306B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES KELLEY**

Mailing Address 1204 25TH TER SW

City	State	Zip Code
VERO BEACH	FL	32968-5068

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ULM CORPORATION

Occupation  
OP MANAGER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

**Transaction ID : SA17.170910**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1333 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JASON KELLEY**

Mailing Address 3709 NORTHAMPTON RD

City	State	Zip Code
DURHAM	NC	27707-5081

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOFTWARE

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161974**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JOANN KELLER**

Mailing Address PO BOX 88

City	State	Zip Code
ANNA	IL	62906-0088

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
HEALTH CARE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.156962**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. JOANN KELLER**

Mailing Address PO BOX 88

City	State	Zip Code
ANNA	IL	62906-0088

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
HEALTH CARE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.162099**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1334 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID KELLY**

Mailing Address 420 SABAL PALM LN

City	State	Zip Code
INDIAN RIVER SHORES	FL	32963-3460

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.170378**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID KELLY**

Mailing Address 420 SABAL PALM LN

City	State	Zip Code
INDIAN RIVER SHORES	FL	32963-3460

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.176137**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. GAIL KELLY**

Mailing Address 421 PALO VERDE DR

City	State	Zip Code
NAPLES	FL	34119-1804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160585**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1335 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES KELLY**

Mailing Address 304 7TH ST

City	State	Zip Code
MANHATTAN BEACH	CA	90266-5655

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168014**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN A. KELLY**

Mailing Address 421 PALO VERDE DR

City	State	Zip Code
NAPLES	FL	34119-1804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
THE MCPHERSON GROUP, LLP

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160586**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PATRICK M. KELLY**

Mailing Address 555 S FLOWER ST  
STE 2900

City	State	Zip Code
LOS ANGELES	CA	90071-2407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.164390**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1336 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RONALD KELLY**

Mailing Address 354 DRIFTING WIND RUN

City	State	Zip Code
DRIPPING SPRINGS	TX	78620-4173

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.177021**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. THOMAS F. KELLY**

Mailing Address 1880 ARLINGTON ST  
STE 103

City	State	Zip Code
SARASOTA	FL	34239-3505

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MEDICAL DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.173052**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HARRY KELSO**

Mailing Address 12809 PENNMARDEL LN

City	State	Zip Code
HENRICO	VA	23233-7684

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BASE CLOSURE PARTNERS, LLC

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174344**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1337 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. KEMPINERS**

Mailing Address 404 MISSIONARY RIDGE DR

City  
SPRINGFIELD

State Zip Code  
IL 62711-8285

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172401**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHELE KENAGA**

Mailing Address 3 PEQUOT DR

City  
NORWALK

State Zip Code  
CT 06855-1607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

355.00

**Transaction ID : SA17.172478**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHELE KENAGA**

Mailing Address 3 PEQUOT DR

City  
NORWALK

State Zip Code  
CT 06855-1607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

355.00

**Transaction ID : SA17.174247**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

275.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1338 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHELE KENAGA**

Mailing Address 3 PEQUOT DR

City

NORWALK

State

CT

Zip Code

06855-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

355.00

**Transaction ID : SA17.175498**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHELE KENAGA**

Mailing Address 3 PEQUOT DR

City

NORWALK

State

CT

Zip Code

06855-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

355.00

**Transaction ID : SA17.176120**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHELE KENAGA**

Mailing Address 3 PEQUOT DR

City

NORWALK

State

CT

Zip Code

06855-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

355.00

**Transaction ID : SA17.179156**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

80.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1339 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DARIN KENDRICK**

Mailing Address **2707 N FITZHUGH AVE**  
**APT 1303**

City **DALLAS** State **TX** Zip Code **75204-3264**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PWC**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1250.00**

**Transaction ID : SA17.168639**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CARL D. KENNEDY**

Mailing Address **392 US HIGHWAY 321 BYP S**

City **WINNSBORO** State **SC** Zip Code **29180-7253**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PERRY ELLIS DISTRIBUTION CENTER**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173475**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GREGORY D. KENNEDY**

Mailing Address **116 E 63RD ST**  
**APT 6C**

City **NEW YORK** State **NY** Zip Code **10065-7265**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UBS INVESTMENT BANK**

Occupation  
**INVESTMENT BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159370**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1340 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. J. MICHAEL KENNEDY**

Mailing Address PO BOX 120

City	State	Zip Code
HUNTINGDON VALLEY	PA	19006-0120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KENNEDY AUTOMOTIVE GROUP INC.**

Occupation  
**AUTO EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158891**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LYDIA KENNEDY**

Mailing Address PO BOX 120

City	State	Zip Code
HUNTINGDON VALLEY	PA	19006-0120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158892**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PATRICIA A. KENNEL**

Mailing Address 900 W GRAND OAK DR

City	State	Zip Code
PEORIA	IL	61615-1150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.171713**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1341 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT KENNEY**

Mailing Address INFO REQUESTED

City State Zip Code  
INFO REQUESTED RI 99999-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162956**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT M. KENNEDY**

Mailing Address 12989 BRIGHTON LN

City State Zip Code  
CARMEL IN 46032-9278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
MERRILL LYNCH FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159253**

Date of Receipt

M M / D D / Y Y Y Y  
10 16 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HON. JAMES C. KENNY**

Mailing Address 735 NORMANDY LN

City State Zip Code  
GLENVIEW IL 60025-3207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.158588**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1342 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HON. JAMES C. KENNY**

Mailing Address 735 NORMANDY LN

City  
GLENVIEW

State Zip Code  
IL 60025-3207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.158588B**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**HON. JAMES C. KENNY**

Mailing Address 735 NORMANDY LN

City  
GLENVIEW

State Zip Code  
IL 60025-3207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.162968**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY KENWORTH**

Mailing Address 2721 FAIR OAKS CIR

City  
ODESSA

State Zip Code  
TX 79762-8009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.162872**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1343 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY KENWORTH**

Mailing Address 2721 FAIR OAKS CIR

City

ODESSA

State

TX

Zip Code

79762-8009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.174509**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

600.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RALPH EDWARD KENYON**

Mailing Address 17520 TUXPAN LN

City

PUNTA GORDA

State

FL

Zip Code

33955-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.171724**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHAN KEO**

Mailing Address 1571 COMMODORE BLVD

City

MELBOURNE

State

FL

Zip Code

32935-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172364**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1344 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHAN KEO**

Mailing Address 1571 COMMODORE BLVD

City	State	Zip Code
MELBOURNE	FL	32935-4108

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177856**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID E. KEPLER II**

Mailing Address 912 TURTLE CV

City	State	Zip Code
SANFORD	MI	48657-9342

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166145**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PATRICIA A. KEPLER**

Mailing Address 912 TURTLE CV

City	State	Zip Code
SANFORD	MI	48657-9342

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166139**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1345 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID KERKO**

Mailing Address 700 PATROL RD

City  
WOODSIDE

State Zip Code  
CA 94062-4225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KKR

Occupation  
ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155270**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KELLY LYNN KERNS**

Mailing Address 473 SE SEABREEZE LN

City  
PORT SAINT LUCIE

State Zip Code  
FL 34983-2262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158851**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANN KERR**

Mailing Address 1617 E QUINCY AVE

City  
CHERRY HILLS VILLAGE

State Zip Code  
CO 80113-4809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KENTWOOD REAL ESTATE

Occupation  
BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.160154**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1346 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANN KERR**

Mailing Address 1617 E QUINCY AVE

City	State	Zip Code
CHERRY HILLS VILLAGE	CO	80113-4809

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KENTWOOD REAL ESTATE

Occupation  
BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169183**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES ROBINSON KERR**

Mailing Address 3775 GEORGETOWN ST

City	State	Zip Code
HOUSTON	TX	77005-2821

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KERRCO INC

Occupation  
OIL PRODUCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.162824**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN A. KERR**

Mailing Address 6102 WOODMONT RD

City	State	Zip Code
ALEXANDRIA	VA	22307-1160

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CBRE

Occupation  
COMMERCIAL REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173679**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1347 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STUART H. KERR**

Mailing Address 4320 TUCKERMAN ST

City	State	Zip Code
UNIVERSITY PARK	MD	20782-2145

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JONES DAY**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173040**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TED KERR**

Mailing Address 2203 BOYD AVENUE

City	State	Zip Code
MIDLAND	TX	79705-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.180426**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TED KERR**

Mailing Address 2203 BOYD AVENUE

City	State	Zip Code
MIDLAND	TX	79705-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.181614**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1348 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TRIPP KERR**

Mailing Address **1617 E QUINCY AVE**

City	State	Zip Code
<b>CHERRY HILLS VILLAGE</b>	<b>CO</b>	<b>80113-4809</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FOURPOINT ENERGY**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.160155**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DILIP KESHU**

Mailing Address **4 JARRETT CT**

City	State	Zip Code
<b>PRINCETON JCT</b>	<b>NJ</b>	<b>08550-2214</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BORN GROUP**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170193**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRIYA KESHU**

Mailing Address **4 JARRETT CT**

City	State	Zip Code
<b>PRINCETON JCT</b>	<b>NJ</b>	<b>08550-2214</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1200.00**

**Transaction ID : SA17.170765**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4900.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1349 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.157739**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.162696**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.163604**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**40.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1350 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.166217**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.166718**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.167261**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

60.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1351 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
<b>FORT MYERS</b>	<b>FL</b>	<b>33908-1888</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.167412**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
<b>FORT MYERS</b>	<b>FL</b>	<b>33908-1888</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.168270**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
<b>FORT MYERS</b>	<b>FL</b>	<b>33908-1888</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.168571**

Date of Receipt

**11 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**25.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1352 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.168871**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.170143**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.170373**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

16.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1353 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
<b>FORT MYERS</b>	<b>FL</b>	<b>33908-1888</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.170727**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
<b>FORT MYERS</b>	<b>FL</b>	<b>33908-1888</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.171483**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
<b>FORT MYERS</b>	<b>FL</b>	<b>33908-1888</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.172116**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**60.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1354 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City

**FORT MYERS**

State

**FL**

Zip Code

**33908-1888**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.172556**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City

**FORT MYERS**

State

**FL**

Zip Code

**33908-1888**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.174583**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City

**FORT MYERS**

State

**FL**

Zip Code

**33908-1888**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.174830**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**55.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1355 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City

**FORT MYERS**

State

**FL**

Zip Code

**33908-1888**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.175168**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City

**FORT MYERS**

State

**FL**

Zip Code

**33908-1888**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.175430**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City

**FORT MYERS**

State

**FL**

Zip Code

**33908-1888**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.175513**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**21.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1356 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.175515**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.177804**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.178365**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**25.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1357 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.178479**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.178811**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address **18 RED POINCIANA DR**

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**602.00**

**Transaction ID : SA17.179577**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**60.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1358 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.179934**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.180746**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.181054**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

45.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1359 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN D. KESSLER**

Mailing Address 18 RED POINCIANA DR

City	State	Zip Code
FORT MYERS	FL	33908-1888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

602.00

**Transaction ID : SA17.181599**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANITA KESTLER**

Mailing Address 1527 WAGON GAP TRL

City	State	Zip Code
HOUSTON	TX	77090-1803

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MACARTNEY INC.

Occupation  
SYSTEM SALES COORDINATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163151**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANITA KESTLER**

Mailing Address 1527 WAGON GAP TRL

City	State	Zip Code
HOUSTON	TX	77090-1803

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MACARTNEY INC.

Occupation  
SYSTEM SALES COORDINATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.164156**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

110.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1360 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANITA KESTLER**

Mailing Address **1527 WAGON GAP TRL**

City  
**HOUSTON**

State Zip Code  
**TX 77090-1803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MACARTNEY INC.**

Occupation  
**SYSTEM SALES COORDINATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168119**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANITA KESTLER**

Mailing Address **1527 WAGON GAP TRL**

City  
**HOUSTON**

State Zip Code  
**TX 77090-1803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MACARTNEY INC.**

Occupation  
**SYSTEM SALES COORDINATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175322**

Date of Receipt

**12 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANITA KESTLER**

Mailing Address **1527 WAGON GAP TRL**

City  
**HOUSTON**

State Zip Code  
**TX 77090-1803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MACARTNEY INC.**

Occupation  
**SYSTEM SALES COORDINATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.176537**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1361 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANITA KESTLER**

Mailing Address **1527 WAGON GAP TRL**

City	State	Zip Code
HOUSTON	TX	77090-1803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MACARTNEY INC.**

Occupation  
**SYSTEM SALES COORDINATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.178480**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN J. KETCHUM**

Mailing Address **765 PARK AVE**

City	State	Zip Code
NEW YORK	NY	10021-4254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SOUND POINT CAPITAL MANAGEMENT**

Occupation  
**INVESTMENT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170556**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD R. KETTERING**

Mailing Address **308 LOON AVE**

City	State	Zip Code
SEBRING	FL	33870-6765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.174468**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2825.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1362 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DONALD KEY**

Mailing Address 6615 NORWAY RD

City	State	Zip Code
DALLAS	TX	75230-5243

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161713**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. IHSAN A. KHALIQ**

Mailing Address 6160 N SAM HOUSTON PKWY W

City	State	Zip Code
HOUSTON	TX	77066-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.164143**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. IHSAN A. KHALIQ**

Mailing Address 6160 N SAM HOUSTON PKWY W

City	State	Zip Code
HOUSTON	TX	77066-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.172399**

Date of Receipt

MM / DD / YYYY  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1363 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. AMITA J. KHANDEKAR**

Mailing Address **3475 PYNSKY RD**

City  
**GLENVIEW**

State Zip Code  
**IL 60026-3417**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**245.00**

**Transaction ID : SA17.171880**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**120.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEREK KHANNA**

Mailing Address **77 H ST NW**  
**APT 270**

City  
**WASHINGTON**

State Zip Code  
**DC 20001-1075**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.160010**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-250.00**

☐ Memo Item

**CHARGED BACK**

**C. Full Name (Last, First, Middle Initial)**

**MRS. BEATRICE KHOURY**

Mailing Address **33 BEVERLY RD**

City  
**PURCHASE**

State Zip Code  
**NY 10577-2206**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.175379**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2370.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1364 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. PAUL KHOURY**

Mailing Address 33 BEVERLY RD

City

PURCHASE

State

NY

Zip Code

10577-2206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WHITE PLAINS HOSPITAL

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.175381**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SHERRI C. KIELLAND**

Mailing Address 738 WEED ST

City

NEW CANAAN

State

CT

Zip Code

06840-4016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOULIHAN LAWRENCE

Occupation

REALTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161189**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS G. KIENBAUM**

Mailing Address 522 TOWNSEND ST

City

BIRMINGHAM

State

MI

Zip Code

48009-1449

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KIENBAUM, OPPERWALL, HARDY,  
DELTON

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161368**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6200.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1365 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GREGORY KIERNAN**

Mailing Address 191 KING ST

City	State	Zip Code
CHAPPAQUA	NY	10514-3482

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SONOSTAR VENTURES**

Occupation  
**PRESIDENT AND CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169672**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID R. KIGER**

Mailing Address 4554 ARCADY AVE

City	State	Zip Code
DALLAS	TX	75205-3607

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WORLDWIDE EXPRESS**

Occupation  
**FOUNDER/EXECUTIVE CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6400.00

**Transaction ID : SA17.169472**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

REFUNDED \$1,000.00 ON 01/01/2016

**C. Full Name (Last, First, Middle Initial)**

**URVE K. KIIK**

Mailing Address 2500 SPRINGWOOD LN

City	State	Zip Code
RICHARDSON	TX	75082-4622

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164405**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1366 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEVE W. KILLIAN**

Mailing Address 9341 HIDDEN GREEN LN

City	State	Zip Code
KNOXVILLE	TN	37922-5278

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PRINCIPLE REAL ESTATE**

Occupation  
**REALTY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158525**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVE KIM**

Mailing Address 262 CAZNEAU AVE

City	State	Zip Code
SAUSALITO	CA	94965-1871

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AGENCY DKSF**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161580**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HANHYE KIM**

Mailing Address 2534 W 232ND ST

City	State	Zip Code
TORRANCE	CA	90505-3040

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HARBOR U.C.L.A. MEDICAL CENTER**

Occupation  
**RN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164631**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1367 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN S. KIM**

Mailing Address 9 LAUDER WAY

City

GREENWICH

State

CT

Zip Code

06830-3826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NIGHT OWL CAPITAL

Occupation

INVESTMENT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161193**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD KIMBALL**

Mailing Address 2524 UNION ST

City

SAN FRANCISCO

State

CA

Zip Code

94123-3833

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TECHNOLOGY CROSSOVER VENTURES

Occupation

VENTURE CAPITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160751**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES KING**

Mailing Address 3840 CASTLE RIDGE DR

City

LONGVIEW

State

TX

Zip Code

75605-2729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

RESTAURANTEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171133**

Date of Receipt

**11 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1368 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. IVAN D. KING JR.**

Mailing Address 3015 SILVERADO TER

City	State	Zip Code
WINTER HAVEN	FL	33884-1255

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170566**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. IVAN D. KING JR.**

Mailing Address 3015 SILVERADO TER

City	State	Zip Code
WINTER HAVEN	FL	33884-1255

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177440**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KARRI KING**

Mailing Address 18107 W DUNLAP RD

City	State	Zip Code
GOODYEAR	AZ	85338-5915

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D&K FARMING ENTERPRISES, LLC

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1010.00

**Transaction ID : SA17.160745**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

210.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1369 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KAROL KING**

Mailing Address 1568 170TH TRL

City

MONDAMIN

State

IA

Zip Code

51557-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.181466**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. NANCY C. KING**

Mailing Address 709 E 122ND ST

City

KANSAS CITY

State

MO

Zip Code

64146-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.162806**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. NANCY C. KING**

Mailing Address 709 E 122ND ST

City

KANSAS CITY

State

MO

Zip Code

64146-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.165879**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1370 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. NANCY C. KING**

Mailing Address 709 E 122ND ST

City

KANSAS CITY

State

MO

Zip Code

64146-1142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.168960**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. NANCY C. KING**

Mailing Address 709 E 122ND ST

City

KANSAS CITY

State

MO

Zip Code

64146-1142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.172666**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. NANCY C. KING**

Mailing Address 709 E 122ND ST

City

KANSAS CITY

State

MO

Zip Code

64146-1142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.173368**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1371 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. NANCY C. KING**

Mailing Address 709 E 122ND ST

City

KANSAS CITY

State

MO

Zip Code

64146-1142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.175211**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. NANCY C. KING**

Mailing Address 709 E 122ND ST

City

KANSAS CITY

State

MO

Zip Code

64146-1142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.180460**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEVEN A. KING**

Mailing Address 1680 FRUITVILLE RD  
STE 403

City

SARASOTA

State

FL

Zip Code

34236-8545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VENTURE CAPITAL

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.173027**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1372 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS E. KING**

Mailing Address **245 BARCLAY CIR**  
**STE 1000**

City **ROCHESTER HILLS** State **MI** Zip Code **48307-5813**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TEK SALES & MARKET, INC.**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159243**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**COL. WILLIAM C. KINGSBURY JR.**

Mailing Address **26630 BARTON RD**

City **REDLANDS** State **CA** Zip Code **92373-4323**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.156925**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. E. LYLE KINLEY JR.**

Mailing Address **50 PICKARD LN**

City **COUNCIL BLUFFS** State **IA** Zip Code **51501-8358**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161325**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2150.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1373 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK KINNEY**

Mailing Address **1 TOWER SQ**

City

**HARTFORD**

State

**CT**

Zip Code

**06183-0001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TRAVELERS**

Occupation

**EXECUTIVE VP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.169189**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KIMBERLY KIRBY-HAZEL**

Mailing Address **1221 CHUB LAKE RD**

City

**ROXBORO**

State

**NC**

Zip Code

**27574-4871**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170060**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DALE KIRK**

Mailing Address **1328 FOREST BAY DR**

City

**WATERFORD**

State

**MI**

Zip Code

**48328-4292**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COMCAST**

Occupation

**VP ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1001.00**

**Transaction ID : SA17.165725**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1374 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DALE KIRK**

Mailing Address 1328 FOREST BAY DR

City

**WATERFORD**

State

**MI**

Zip Code

**48328-4292**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMCAST**

Occupation  
**VP ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1001.00**

**Transaction ID : SA17.173641**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DALE KIRK**

Mailing Address 1328 FOREST BAY DR

City

**WATERFORD**

State

**MI**

Zip Code

**48328-4292**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMCAST**

Occupation  
**VP ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1001.00**

**Transaction ID : SA17.173758**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DENNIS DEAN KIRK**

Mailing Address 6315 ANNELIESE DR

City

**FALLS CHURCH**

State

**VA**

Zip Code

**22044-1620**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCHMITZ & SOCARRAS**

Occupation  
**PARTNER/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**422.71**

**Transaction ID : SA17.159973**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**751.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1375 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DENNIS DEAN KIRK**

Mailing Address 6315 ANNELIESE DR

City	State	Zip Code
FALLS CHURCH	VA	22044-1620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCHMITZ & SOCARRAS**

Occupation  
**PARTNER/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

422.71

**Transaction ID : SA17.169741**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DENNIS DEAN KIRK**

Mailing Address 6315 ANNELIESE DR

City	State	Zip Code
FALLS CHURCH	VA	22044-1620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCHMITZ & SOCARRAS**

Occupation  
**PARTNER/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

422.71

**Transaction ID : SA17.171084**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

20.16

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DENNIS DEAN KIRK**

Mailing Address 6315 ANNELIESE DR

City	State	Zip Code
FALLS CHURCH	VA	22044-1620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCHMITZ & SOCARRAS**

Occupation  
**PARTNER/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

422.71

**Transaction ID : SA17.178555**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

20.16

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

65.32

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1376 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MATTHEW KIRK**

Mailing Address **57 STURGEON RIVER RD**

City	State	Zip Code
GLASTONBURY	CT	06033-2747

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE HARTFORD**

Occupation  
**SVP, CSO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.167052**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD A. KIRK**

Mailing Address **1299 N GILPIN ST**  
**APT 15W**

City	State	Zip Code
DENVER	CO	80218-2556

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.162860**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GLENN KIRKLAND**

Mailing Address **4320 W KENNEDY BLVD**

City	State	Zip Code
TAMPA	FL	33609-2118

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157038**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1377 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHAD KIRKPATRICK**

Mailing Address 6525 HWY 95 SOUTH

City	State	Zip Code
GREENBACK	TN	37742-4472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FORT LOUDOUN ELECTRIC COOPERATIVE

Occupation  
ELECTRICAL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

467.50

**Transaction ID : SA17.168590**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHAD KIRKPATRICK**

Mailing Address 6525 HWY 95 SOUTH

City	State	Zip Code
GREENBACK	TN	37742-4472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FORT LOUDOUN ELECTRIC  
COOPERATIVE

Occupation  
ELECTRICAL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

467.50

**Transaction ID : SA17.169056**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHAD KIRKPATRICK**

Mailing Address 6525 HWY 95 SOUTH

City	State	Zip Code
GREENBACK	TN	37742-4472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FORT LOUDOUN ELECTRIC  
COOPERATIVE

Occupation  
ELECTRICAL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

467.50

**Transaction ID : SA17.172760**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1378 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHAD KIRKPATRICK**

Mailing Address **6525 HWY 95 SOUTH**

City	State	Zip Code
<b>GREENBACK</b>	<b>TN</b>	<b>37742-4472</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FORT LOUDOUN ELECTRIC COOPERATIVE**

Occupation  
**ELECTRICAL ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**467.50**

**Transaction ID : SA17.176501**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>15</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAREN M. KIRKSEY**

Mailing Address **13924 KING GEORGE WAY**

City	State	Zip Code
<b>UPPER MARLBORO</b>	<b>MD</b>	<b>20772-5950</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MARYLAND DEPARTMENT OF  
TRANSPORTATION**

Occupation  
**LEGISLATIVE OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.157988**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>10</b>		<b>08</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES KITCHEN**

Mailing Address **3419 SCOTT ST**

City	State	Zip Code
<b>SAN FRANCISCO</b>	<b>CA</b>	<b>94123-2015</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MAYNARD COOPER & GALE PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.168595**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>11</b>		<b>16</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**755.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1379 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES KITCHEN**

Mailing Address **3419 SCOTT ST**

City	State	Zip Code
<b>SAN FRANCISCO</b>	<b>CA</b>	<b>94123-2015</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MAYNARD COOPER & GALE PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.176666**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALVIN E. KITE**

Mailing Address **30 S MERIDIAN ST**  
**STE 1100**

City	State	Zip Code
<b>INDIANAPOLIS</b>	<b>IN</b>	<b>46204-3565</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KITE REALTY GROUP**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161329**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY L. KITTLE**

Mailing Address **10445 HIGH GROVE DRIVE**

City	State	Zip Code
<b>CARMEL</b>	<b>IN</b>	<b>46032-</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HERMAN & KITTLE PROPERTIES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159233**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1380 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. GAIA A. KLASS**

Mailing Address 3638 RIDGELAND CT

City	State	Zip Code
WEST BLOOMFIELD	MI	48323-3333

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.161787**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL C. KLASS**

Mailing Address 3638 RIDGELAND CT

City	State	Zip Code
WEST BLOOMFIELD	MI	48323-3333

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ASSOCIATED DEALER SERVICES

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.161800**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS KLASSEN**

Mailing Address 4529 VALOR DR

City	State	Zip Code
CORPUS CHRISTI	TX	78413-4460

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HALO-FLIGHT

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.157175**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3025.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1381 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS KLASSEN**

Mailing Address 4529 VALOR DR

City	State	Zip Code
CORPUS CHRISTI	TX	78413-4460

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HALO-FLIGHT

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.165763**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS KLASSEN**

Mailing Address 4529 VALOR DR

City	State	Zip Code
CORPUS CHRISTI	TX	78413-4460

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HALO-FLIGHT

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.166512**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS KLASSEN**

Mailing Address 4529 VALOR DR

City	State	Zip Code
CORPUS CHRISTI	TX	78413-4460

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HALO-FLIGHT

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.169081**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1382 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS KLASSEN**

Mailing Address 4529 VALOR DR

City

CORPUS CHRISTI

State

TX

Zip Code

78413-4460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HALO-FLIGHT

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.169370**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS KLASSEN**

Mailing Address 4529 VALOR DR

City

CORPUS CHRISTI

State

TX

Zip Code

78413-4460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HALO-FLIGHT

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.172799**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS KLASSEN**

Mailing Address 4529 VALOR DR

City

CORPUS CHRISTI

State

TX

Zip Code

78413-4460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HALO-FLIGHT

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.173668**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1383 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS KLASSEN**

Mailing Address 4529 VALOR DR

City	State	Zip Code
CORPUS CHRISTI	TX	78413-4460

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HALO-FLIGHT

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.177507**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN L. KLEIN**

Mailing Address 3510 SEWELL ST

City	State	Zip Code
LINCOLN	NE	68506-6029

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

**Transaction ID : SA17.160616**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN L. KLEIN**

Mailing Address 3510 SEWELL ST

City	State	Zip Code
LINCOLN	NE	68506-6029

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

**Transaction ID : SA17.171787**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

525.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1384 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HOWARD B. KLEIN**

Mailing Address 17660 KAREN DR

City  
ENCINO

State  
CA

Zip Code  
91316-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HBK INVESTMENTS

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174964**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN KLEINHEINZ**

Mailing Address 301 COMMERCE ST  
STE 1900

City  
FORT WORTH

State  
TX

Zip Code  
76102-4155

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KLEINHEINZ CAPITAL PARTNERS

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159022**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL D. KLEIN**

Mailing Address 1129 WIGHTMAN ST

City  
PITTSBURGH

State  
PA

Zip Code  
15217-1049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BLUMLING & GUSKEY, LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165677**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1385 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. TRACEY L. KLEIN**

Mailing Address 3635 CHESTERWOOD CT

City	State	Zip Code
BROOKFIELD	WI	53005-2385

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167353**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANDREW D. KLINGENSTEIN**

Mailing Address 1823 23RD ST NW

City	State	Zip Code
WASHINGTON	DC	20008-4030

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177115**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TEDDY D. KLINGHOFFER**

Mailing Address 2575 MAYFAIR LN

City	State	Zip Code
WESTON	FL	33327-1506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AKERMAN LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174361**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1386 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FRED S. KLIPSCH**

Mailing Address 3510 SEDGEMOOR CIR

City	State	Zip Code
CARMEL	IN	46032-9122

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158502**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LAWRENCE KLOEPPEL**

Mailing Address 230 S WOODMONT DR

City	State	Zip Code
JOPLIN	MO	64801-8427

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

**Transaction ID : SA17.172351**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANNE J. KNALL**

Mailing Address 7440 N ILLINOIS ST

City	State	Zip Code
INDIANAPOLIS	IN	46260-3619

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161355**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1387 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID KNALL**

Mailing Address 7440 N ILLINOIS ST

City

INDIANAPOLIS

State

IN

Zip Code

46260-3619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STIFEL

Occupation

MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161356**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES M. KNALL**

Mailing Address 7440 N ILLINOIS ST

City

INDIANAPOLIS

State

IN

Zip Code

46260-3619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KNALL/COHEN GROUP

Occupation

MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161330**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELLIE KNAUSS**

Mailing Address 14 ELLICOTT WAY

City

SUGAR LAND

State

TX

Zip Code

77479-2870

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177335**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1388 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RONALD W. KNEPPER**

Mailing Address 45 CLARK RD

City

ANDOVER

State

MA

Zip Code

01810-5601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BOSTON UNIVERSITY

Occupation  
PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157591**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RONALD W. KNEPPER**

Mailing Address 45 CLARK RD

City

ANDOVER

State

MA

Zip Code

01810-5601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BOSTON UNIVERSITY

Occupation  
PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.178950**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN KNEUER**

Mailing Address 4763 BERKELEY TER NW

City

WASHINGTON

State

DC

Zip Code

20007-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JKC LLC

Occupation  
ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163529**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

675.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1389 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SYLVIA KNEZEK**

Mailing Address 1005 GABRIEL LN

City

FORT WORTH

State

TX

Zip Code

76116-1633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162825**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. J. MATTHEW KNIGHT**

Mailing Address 2100 VIA TUSCANY

City

WINTER PARK

State

FL

Zip Code

32789-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.171930**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. J. MATTHEW KNIGHT**

Mailing Address 2100 VIA TUSCANY

City

WINTER PARK

State

FL

Zip Code

32789-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.179109**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1390 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARGARET KNIGHT**

Mailing Address 300 THIRD STREET

City	State	Zip Code
ROSICLARE	IL	62982-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.173905**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ERNESTO C. KNOSEL**

Mailing Address 321 REGAL DR

City	State	Zip Code
LAREDO	TX	78041-2338

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**XPRESS INTERNATIONAL**

Occupation  
**TRANSPORTATION BUSINESS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.157215**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

350.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. NANCY KNOWLTON**

Mailing Address 1999 SUNBURST DR.

City	State	Zip Code
VAIL	CO	81657-5166

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169411**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3075.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1391 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PETER W. KNOWLES**

Mailing Address 6700 THE CORNERS PARKWAY

City	State	Zip Code
NORCROSS	GA	30092-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMCAST CABLE

Occupation  
VICE PRESIDENT OF FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166416**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD KNOWLTON**

Mailing Address 1999 SUNBURST DR.

City	State	Zip Code
VAIL	CO	81657-5166

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169416**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROCHELLE KO**

Mailing Address 550 14TH RD S  
APT 111

City	State	Zip Code
ARLINGTON	VA	22202-7401

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DELOITTE

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163161**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1392 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DORO KOCH**

Mailing Address 8015 GREENTREE RD

City

BETHESDA

State

MD

Zip Code

20817-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

207.50

**Transaction ID : SA17.167579**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MILTON J. KOCH**

Mailing Address 21204 5TH AVE S

City

DES MOINES

State

WA

Zip Code

98198-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.159190**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MILTON J. KOCH**

Mailing Address 21204 5TH AVE S

City

DES MOINES

State

WA

Zip Code

98198-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171814**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1393 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT KOCH**

Mailing Address 4120 MULBERRY PL

City

EVANSVILLE

State

IN

Zip Code

47714-0668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KOCH ENTERPRISES, INC.

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161641**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LUDVIK F. KOCI**

Mailing Address 2555 S TELEGRAPH RD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302-0912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PENSKE CORPORATION

Occupation

DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162130**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LUDVIK F. KOCI**

Mailing Address 2555 S TELEGRAPH RD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302-0912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PENSKE CORPORATION

Occupation

DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162130B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1394 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LUDVIK F. KOCI**

Mailing Address **2555 S TELEGRAPH RD**

City	State	Zip Code
<b>BLOOMFIELD HILLS</b>	<b>MI</b>	<b>48302-0912</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PENSKE CORPORATION**

Occupation  
**DIRECTOR**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.178132**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**DANIEL KODSI**

Mailing Address **9796 PALMA VISTA WAY**

City	State	Zip Code
<b>BOCA RATON</b>	<b>FL</b>	<b>33428-3500</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROYAL PALM COMPANIES**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161804**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☐ Memo Item

**CHARGED BACK**

**C. Full Name (Last, First, Middle Initial)**

**JOHN KOERNER III**

Mailing Address **650 POYDRAS ST**  
**STE 2830**

City	State	Zip Code
<b>NEW ORLEANS</b>	<b>LA</b>	<b>70130-7236</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SERTA CAPITAL**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.173169**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**-700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1395 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HERBERT V. KOHLER JR.**  
Mailing Address 441 GREEN TREE RD

City State Zip Code  
KOHLER WI 53044-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KOHLER COMPANY

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.165646**

Date of Receipt

**11 / 04 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. HERBERT V. KOHLER JR.**  
Mailing Address 441 GREEN TREE RD

City State Zip Code  
KOHLER WI 53044-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KOHLER COMPANY

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.165646B**

Date of Receipt

**11 / 09 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. HERBERT V. KOHLER JR.**  
Mailing Address 441 GREEN TREE RD

City State Zip Code  
KOHLER WI 53044-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KOHLER COMPANY

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.168719**

Date of Receipt

**11 / 09 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....

5400.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1396 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES MICHAEL KOJAIAN SR.**

Mailing Address 601 ORCHARD RIDGE RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-2633

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KOJAIAN MANAGEMENT CORP.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.156783**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-25.00

☐ Memo Item  
**CHARGED BACK**

**B. Full Name (Last, First, Middle Initial)**

**NIKKI KOKLANARIS**

Mailing Address 4000 N CHARLES ST

City	State	Zip Code
BALTIMORE	MD	21218-1760

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ST JOSEPH MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177556**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PAUL KOLAJ**

Mailing Address 12714 HAWKTREE RD

City	State	Zip Code
FRISCO	TX	75033-2868

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FAMOUS FAMIGLIA

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.169500**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1475.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1397 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL KOLAJ**

Mailing Address 12714 HAWKTREE RD

City	State	Zip Code
FRISCO	TX	75033-2868

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FAMOUS FAMIGLIA**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.178966**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.156752**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.165767**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1398 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.169112**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.169732**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.172029**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

3.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

29.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1399 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.173417**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.173671**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.174902**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

60.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1400 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.175262**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.175263**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.177060**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

31.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1401 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.177646**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.177832**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.177833**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

35.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1402 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.178482**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LORETTA E. KOLAKOSKI**

Mailing Address 2100 EAST. BENGAL. BLVD. APT. J 10

City	State	Zip Code
COTTONWOOD. HEIGHTS	UT	84121-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

413.00

**Transaction ID : SA17.179222**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

3.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JENIE KOLAR**

Mailing Address 2029 COMPANERO AVE

City	State	Zip Code
ORLANDO	FL	32804-6515

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MILL CREEK RESIDENTIAL TRUST

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175887**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☐ Memo Item

**CHARGED BACK**

**Subtotal Of Receipts This Page (optional)**.....

-992.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1403 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GORDON H. KOLB**

Mailing Address 1640 STATE ST

City

NEW ORLEANS

State

LA

Zip Code

70118-6120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

G.H.K. DEVELOPMENTS, INC.

Occupation

REAL ESTATE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173346**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAY T. KOLB**

Mailing Address 18 PINE BRIAR CIR

City

HOUSTON

State

TX

Zip Code

77056-1113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

VINSON & ELKINS LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172765**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ANNETTE B. KOLON**

Mailing Address 774 EMERSON WAY CT

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-3732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162083**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1404 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN S. KOLON**

Mailing Address **774 EMERSON WAY CT**

City

**BLOOMFIELD HILLS**

State

**MI**

Zip Code

**48304-3732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.162084**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MORGAN KONDASH**

Mailing Address **2014 POLO RUN DR**

City

**YARDLEY**

State

**PA**

Zip Code

**19067-7261**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173653**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ARNOLD J. KOONCE JR.**

Mailing Address **1002 NUTHATCH CT**

City

**HIGH POINT**

State

**NC**

Zip Code

**27262-7410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166404**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2000.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1405 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID KOONIN**

Mailing Address 325 E PACES FERRY RD NE  
APT 1108

City ATLANTA State GA Zip Code 30305-5704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAREER SPORTS ENTERTAINMENT**

Occupation  
**DIRECTOR - TALENT MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174594**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. DONALD L. KORB**

Mailing Address 308 N FAIRFAX ST

City ALEXANDRIA State VA Zip Code 22314-2652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**TAX LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170682**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PATRICIA A. KORB**

Mailing Address 308 N FAIRFAX ST

City ALEXANDRIA State VA Zip Code 22314-2652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170668**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1406 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL KOSKI**

Mailing Address 3924 WOOD GREEN WAY

City	State	Zip Code
TALLAHASSEE	FL	32309-6804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
EXP

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

**Transaction ID : SA17.157047**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL KOSKI**

Mailing Address 3924 WOOD GREEN WAY

City	State	Zip Code
TALLAHASSEE	FL	32309-6804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
EXP

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

**Transaction ID : SA17.168263**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SUSAN KOSS**

Mailing Address 443 W MERRILL ST

City	State	Zip Code
BIRMINGHAM	MI	48009-1460

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159100**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1407 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN M. KOTRAN**

Mailing Address 318 W 78TH ST

City  
NEW YORK

State Zip Code  
NY 10024-6503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SULLIVAN & CROMWELL LLP

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168558**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. APRIL KRAHL**

Mailing Address 18764 BOYLE LN

City  
FRISCO

State Zip Code  
TX 75035-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHILANTHROPIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158632**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JACOB KRAHL**

Mailing Address 18764 BOYLE LN

City  
FRISCO

State Zip Code  
TX 75035-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHILANTHROPIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158661**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1408 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREY KRAKOVSKY**

Mailing Address **765 AMSTERDAM AVE**

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10025-5722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TACTICUS CAPITAL**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159849**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK W. KRAMER**

Mailing Address **128 MONTE CARLO DR**

City  
**PALM BEACH GARDENS**

State  
**FL**

Zip Code  
**33418-1745**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAIRD PLASTICS**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.178973**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATHY KRANINGER**

Mailing Address **301 E ST NE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20002-4924**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US SENATE**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166207**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1409 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PETER KRANSKE**

Mailing Address 4131 HARBOR WALK DR

City

FORT COLLINS

State

CO

Zip Code

80525-4855

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LANDMARK EVENT STAFFING SERVICE

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2950.00

**Transaction ID : SA17.163051**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PETER KRANSKE**

Mailing Address 4131 HARBOR WALK DR

City

FORT COLLINS

State

CO

Zip Code

80525-4855

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LANDMARK EVENT STAFFING SERVICE

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2950.00

**Transaction ID : SA17.169974**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**ROBERT KRASA**

Mailing Address 2110 SNOWFLAKE TRL

City

TRAVERSE CITY

State

MI

Zip Code

49685-9329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174864**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1410 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD M. KRASNO**

Mailing Address 790 ANDREWS AVE

City

DELRAY BEACH

State

FL

Zip Code

33483-7243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LADENBURG THALMANN

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170555**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LES MICHAEL KRATTER**

Mailing Address 22 SANDSTONE CV

City

PARK CITY

State

UT

Zip Code

84060-6869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FRANKLIN RESOURCES, INC

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

725.00

**Transaction ID : SA17.155315**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LES MICHAEL KRATTER**

Mailing Address 22 SANDSTONE CV

City

PARK CITY

State

UT

Zip Code

84060-6869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FRANKLIN RESOURCES, INC

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

725.00

**Transaction ID : SA17.156751**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1411 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LES MICHAEL KRATTER**

Mailing Address 22 SANDSTONE CV

City	State	Zip Code
PARK CITY	UT	84060-6869

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FRANKLIN RESOURCES, INC

Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

725.00

**Transaction ID : SA17.172812**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD J. KRAUSE III**

Mailing Address 10009 APPLE HILL CT

City	State	Zip Code
POTOMAC	MD	20854-1871

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
E. J. KRAUSE & ASSOCIATES, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164657**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MARY ANN R. KRAUSE**

Mailing Address 10009 APPLE HILL CT

City	State	Zip Code
POTOMAC	MD	20854-1871

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164656**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5425.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1412 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MITCHELL JOHN KREBS**

Mailing Address 2203 N BURLING ST

City	State	Zip Code
CHICAGO	IL	60614-3711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COEUR MINING

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.161798**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**TINA KREISHER**

Mailing Address 2708 N KENSINGTON ST

City	State	Zip Code
ARLINGTON	VA	22207-1516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.160521**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**TINA KREISHER**

Mailing Address 2708 N KENSINGTON ST

City	State	Zip Code
ARLINGTON	VA	22207-1516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.164262**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2600.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TINA KREISHER**

Mailing Address 2708 N KENSINGTON ST

City

ARLINGTON

State

VA

Zip Code

22207-1516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167545**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TINA KREISHER**

Mailing Address 2708 N KENSINGTON ST

City

ARLINGTON

State

VA

Zip Code

22207-1516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169390**

Date of Receipt

MM / DD / YYYY  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TINA KREISHER**

Mailing Address 2708 N KENSINGTON ST

City

ARLINGTON

State

VA

Zip Code

22207-1516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177376**

Date of Receipt

MM / DD / YYYY  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1414 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEFFREY KRESNAK**

Mailing Address 3402 68TH ST SE

City

CALEDONIA

State

MI

Zip Code

49316-8423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUPERIOR ASPHALT INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.159798**

Date of Receipt

MM / DD / YYYY  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GUY R. KRIEG**

Mailing Address PO BOX 408

City

FARGO

State

ND

Zip Code

58107-0408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.170829**

Date of Receipt

MM / DD / YYYY  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALAN KRIGSTEIN**

Mailing Address 254 S FAIRVILLE RD

City

CHADDS FORD

State

PA

Zip Code

19317-9469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KEYSTONE MERCY HEALTHPLAN

Occupation

BUSINESS EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170098**

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1415 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL KROENING**

Mailing Address **3384 WILLIAMSBURG PKWY**

City	State	Zip Code
WOODBURY	MN	55129-4919

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRAVELERS**

Occupation  
**PORTFOLIO MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169799**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN KROM**

Mailing Address **674 RED PASS LN**

City	State	Zip Code
CASTLE ROCK	CO	80108-7782

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**COMCAST**

Occupation  
**SVP SALES AND MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.165505**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN KROM**

Mailing Address **674 RED PASS LN**

City	State	Zip Code
CASTLE ROCK	CO	80108-7782

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**COMCAST**

Occupation  
**SVP SALES AND MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.179747**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1416 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID KROME**

Mailing Address **17616 LOS MORROS**

City	State	Zip Code
<b>RABCHO SANTA FE</b>	<b>CA</b>	<b>92067-</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRANSCHEM, INC.**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.176667**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MELVIN E. KRONK**

Mailing Address **3535 SANTA FE ST  
UNIT 4**

City	State	Zip Code
<b>CORPUS CHRISTI</b>	<b>TX</b>	<b>78411-1346</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.165648**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARCH KROTEE**

Mailing Address **234 BROOKSIDE RD**

City	State	Zip Code
<b>DARIEN</b>	<b>CT</b>	<b>06820-2604</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PERELLA WEINBERG PARTNERS**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.155285**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1417 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JANET L. KROTTER CHVALA**

Mailing Address PO BOX 398

City  
O' NEILL

State Zip Code  
NE 68763-0398

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KROTTER LAW GROUP PC

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158515**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD P. KRUPSKE**

Mailing Address 66773 CHRISTINA LN

City  
WASHINGTON

State Zip Code  
MI 48095-1954

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONTINENTAL INTERIORS, INC.

Occupation  
FLOORING CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158606**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY JEREL KUBIK**

Mailing Address 975 ELM AVE

City  
DICKINSON

State Zip Code  
ND 58601-6231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.165629**

Date of Receipt

M M / D D / Y Y Y Y  
11 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1418 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES KUCK**

Mailing Address **365 NORTHRIDGE RD**  
**STE 300**

City **ATLANTA** State **GA** Zip Code **30350-6101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KUCK IMMIGRATION PARTNERS LLC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.168058**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CYNTHIA KUHN**

Mailing Address **2200 E RIVER RD**  
**STE 126**

City **TUCSON** State **AZ** Zip Code **85718-6596**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KUHN YOUNG LAW FIRM, PLLC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158903**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARK KUHN**

Mailing Address **2200 E RIVER RD**

City **TUCSON** State **AZ** Zip Code **85718-6514**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**APPLIED REMEDIAL TECHNOLOGIES, INC.**

Occupation  
**ENVIRONMENTAL CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173581**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1419 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARILYN KUIPERS**

Mailing Address **6432 SILVER MESA DR**  
**UNIT D**

City **HIGHLANDS RANCH** State **CO** Zip Code **80130-5869**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159610**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MELISSA L. KUIPERS**

Mailing Address **8918 GREEN MEADOWS LN**

City **HIGHLANDS RANCH** State **CO** Zip Code **80126-2668**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BROWNSTEIN HYATT FARBER SCHRECK**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160152**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID G. KULIK**

Mailing Address **713 GREAT EGRET WAY**

City **PONTE VEDRA BEACH** State **FL** Zip Code **32082-7226**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158254**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1420 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. VIJAYA KUMAR**

Mailing Address PO BOX 17131

City	State	Zip Code
ANAHEIM	CA	92817-7131

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162961**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. NICHOLAS C. KUNKLER**

Mailing Address 1500 N LAKE SHORE DR

City	State	Zip Code
CHICAGO	IL	60610-6686

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174951**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NICHOLAS C. KUNKLER**

Mailing Address 1500 N LAKE SHORE DR

City	State	Zip Code
CHICAGO	IL	60610-6686

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174951B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1421 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NICHOLAS C. KUNKLER**

Mailing Address 1500 N LAKE SHORE DR

City	State	Zip Code
CHICAGO	IL	60610-6686

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.178134**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM C. KUNKLER III**

Mailing Address 222 N LA SALLE ST  
STE 1000

City	State	Zip Code
CHICAGO	IL	60601-1007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CC INDUSTRIES, INC.**

Occupation  
**EXECUTIVE VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174950**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM C. KUNKLER III**

Mailing Address 222 N LA SALLE ST  
STE 1000

City	State	Zip Code
CHICAGO	IL	60601-1007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CC INDUSTRIES, INC.**

Occupation  
**EXECUTIVE VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174950B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1422 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM C. KUNKLER III**

Mailing Address **222 N LA SALLE ST**  
**STE 1000**

City **CHICAGO** State **IL** Zip Code **60601-1007**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CC INDUSTRIES, INC.**

Occupation  
**EXECUTIVE VICE PRESIDENT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.178133**

Date of Receipt

**12 / 15 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD M. KUNNATH**

Mailing Address **75 FOLSOM ST**  
**APT 1203**

City **SAN FRANCISCO** State **CA** Zip Code **94105-6104**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169921**

Date of Receipt

**11 / 17 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD M. KUNNATH**

Mailing Address **75 FOLSOM ST**  
**APT 1203**

City **SAN FRANCISCO** State **CA** Zip Code **94105-6104**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.171210**

Date of Receipt

**11 / 25 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**150.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1423 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALAN JAY KUNTZMAN**

Mailing Address **5806 ALGONQUIN DR**

City	State	Zip Code
TROY	MI	48098-2319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DIVERSIFIED CONSTRUCTION**

Occupation  
**CONSTRUCTION EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161366**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MUTHUSAMI KUPPUSAMI**

Mailing Address **109 WINDSOR CIR**

City	State	Zip Code
BLUEFIELD	VA	24605-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.163332**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MUTHUSAMI KUPPUSAMI**

Mailing Address **109 WINDSOR CIR**

City	State	Zip Code
BLUEFIELD	VA	24605-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.178066**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1424 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT H. KURNICK JR.**

Mailing Address 2555 S TELEGRAPH RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PENSKE CORPORATION**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162077**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD KUSNIERZ**

Mailing Address 325 W MACARTHUR DR

City	State	Zip Code
COTTAGE HILLS	IL	62018-1102

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LIBERTY FENCE, LLC**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169975**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. HOLLY A. KUZMICH**

Mailing Address 5819 MORNINGSIDE AVE

City	State	Zip Code
DALLAS	TX	75206-5919

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GEORGE W. BUSH PRESIDENTIAL CENTER**

Occupation  
**SENIOR VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177674**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1425 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SUSAN LA BEAU**

Mailing Address 10609 CORDOBA CT

City  
WHITTIER

State Zip Code  
CA 90601-2231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BEVERLY HOSPITAL

Occupation  
SR. SYSTEMS ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.156378**

Date of Receipt

**10 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SUSAN LA BEAU**

Mailing Address 10609 CORDOBA CT

City  
WHITTIER

State Zip Code  
CA 90601-2231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BEVERLY HOSPITAL

Occupation  
SR. SYSTEMS ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.156463**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SUSAN LA BEAU**

Mailing Address 10609 CORDOBA CT

City  
WHITTIER

State Zip Code  
CA 90601-2231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BEVERLY HOSPITAL

Occupation  
SR. SYSTEMS ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.168764**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

52.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1426 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SUSAN LA BEAU**

Mailing Address 10609 CORDOBA CT

City

WHITTIER

State

CA

Zip Code

90601-2231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEVERLY HOSPITAL

Occupation

SR. SYSTEMS ANALYST

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.172055**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SUSAN LA BEAU**

Mailing Address 10609 CORDOBA CT

City

WHITTIER

State

CA

Zip Code

90601-2231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEVERLY HOSPITAL

Occupation

SR. SYSTEMS ANALYST

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.173849**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTIAN LAATSCH**

Mailing Address 1403 W DECORAH RD

City

WEST BEND

State

WI

Zip Code

53095-3701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STATE OF WISCONSIN

Occupation

LEGISLATIVE POLICY ADVISOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161162**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1427 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ZAKI LABABIDI**

Mailing Address 13749 E YUCCA ST

City

SCOTTSDALE

State

AZ

Zip Code

85259-4641

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GILBERT CARDIOLOGY

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158905**

Date of Receipt

MM / DD / YYYY  
10 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN CRISTIAN LACAPRA**

Mailing Address 611 NE 58TH ST

City

MIAMI

State

FL

Zip Code

33137-2321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159260**

Date of Receipt

MM / DD / YYYY  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOYCE LACERTE**

Mailing Address 3711 LEXINGTON AVE

City

DALLAS

State

TX

Zip Code

75205-3802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

EXPONENTHR

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164123**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1428 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LARRY LACERTE**

Mailing Address 3711 LEXINGTON AVE

City	State	Zip Code
DALLAS	TX	75205-3802

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EXPONENTHR**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164124**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PAUL E. LACKE**

Mailing Address 1402 PARIS DR

City	State	Zip Code
GODFREY	IL	62035-1620

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.178214**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PAUL E. LACKE**

Mailing Address 1402 PARIS DR

City	State	Zip Code
GODFREY	IL	62035-1620

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.181568**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1429 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES D. LACKIE**

Mailing Address 499 CHERRY RD

City	State	Zip Code
MEMPHIS	TN	38117-3640

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LACKIE TRADING, INC.**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168561**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BRAD C. LACOUR**

Mailing Address 11813 CHANTICLEER DR

City	State	Zip Code
PENSACOLA	FL	32507-9173

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRIDENT PARTNERS**

Occupation  
**REAL ESTATE INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.161466**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID LACZ**

Mailing Address 37 W 44TH ST

City	State	Zip Code
NEW YORK	NY	10036-6613

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**B&B**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175095**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1430 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KAREN C. LADD**

Mailing Address 1303 W MAIN ST

City  
WASHINGTON

State Zip Code  
MO 63090-1318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.160605**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GUSTAVO D. LAGE**

Mailing Address 7390 SW 99TH ST

City  
MIAMI

State Zip Code  
FL 33156-3118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SALAS EDE, PETERSON & LAGE LLC

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174402**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HICHAM LAHAD**

Mailing Address 5 BEVERLY PL  
FL 2

City  
NORTH BRUNSWICK

State Zip Code  
NJ 08902-2311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OLIOTECH, LLC

Occupation  
IT CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165734**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1431 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREW LALKA**

Mailing Address 5274 LAKE SHORE RD

City

HAMBURG

State

NY

Zip Code

14075-5703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TAYLOR COMPANIES

Occupation

CHIEF OF STAFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.161686**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW LALKA**

Mailing Address 5274 LAKE SHORE RD

City

HAMBURG

State

NY

Zip Code

14075-5703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TAYLOR COMPANIES

Occupation

CHIEF OF STAFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.168998**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW LALKA**

Mailing Address 5274 LAKE SHORE RD

City

HAMBURG

State

NY

Zip Code

14075-5703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TAYLOR COMPANIES

Occupation

CHIEF OF STAFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.180773**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1432 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES W. LAMAR III**

Mailing Address **2885 S EUGENE ST**

City

**BATON ROUGE**

State

**LA**

Zip Code

**70808-2212**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**WOODLAWN INVESTMENTS, INC.**

Occupation

**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166351**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK W. LAMBERT**

Mailing Address **4602 ROUNDUP TRL**

City

**AUSTIN**

State

**TX**

Zip Code

**78745-1629**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STATE OF TEXAS**

Occupation

**ARCHIVIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.165238**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK W. LAMBERT**

Mailing Address **4602 ROUNDUP TRL**

City

**AUSTIN**

State

**TX**

Zip Code

**78745-1629**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STATE OF TEXAS**

Occupation

**ARCHIVIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172773**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1433 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK W. LAMBERT**

Mailing Address 4602 ROUNDUP TRL

City	State	Zip Code
AUSTIN	TX	78745-1629

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STATE OF TEXAS

Occupation  
ARCHIVIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179034**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK W. LAMBERT**

Mailing Address 4602 ROUNDUP TRL

City	State	Zip Code
AUSTIN	TX	78745-1629

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STATE OF TEXAS

Occupation  
ARCHIVIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179941**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID LAMOND**

Mailing Address 3070 PACIFIC AVE

City	State	Zip Code
SAN FRANCISCO	CA	94115-1014

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LAMOND CAPITAL PARTNERS

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157019**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1434 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KELSEY LAMOND**

Mailing Address 3070 PACIFIC AVENUE

City	State	Zip Code
SAN FRANCISCO	CA	94115-1014

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169154**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LESLIE B. LAMPTON III**

Mailing Address PO BOX 2401

City	State	Zip Code
JACKSON	MS	39225-2401

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ERGON

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.177913**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MASON HARDAWAY LAMPTON**

Mailing Address PO BOX 1360

City	State	Zip Code
COLUMBUS	GA	31902-1360

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STANDARD CONCRETE PRODUCTS

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.176817**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4075.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1435 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT LAMPTON**

Mailing Address **2404 N CHERYL DR**

City	State	Zip Code
JACKSON	MS	39211-4907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174869**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM WALTER LAMPTON**

Mailing Address **PO BOX 2401**

City	State	Zip Code
JACKSON	MS	39225-2401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ERGON**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1350.00**

**Transaction ID : SA17.177914**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. TERRI LYNN LAND**

Mailing Address **7955 BYRON STATION CT SW**

City	State	Zip Code
BYRON CENTER	MI	49315-9460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SVC OF GR**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162973**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1436 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHAD LANDMON**

Mailing Address 320 BEECHER DR

City	State	Zip Code
SOUTHBURY	CT	06488-3910

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AXINN, VELTROP & HARKIDER

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159626**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK C. LANDRY**

Mailing Address 433 METAIRIE RD  
STE 300

City	State	Zip Code
METAIRIE	LA	70005-4333

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEWMAN, MATHIS, BRADY & SPEDALE

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163280**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID J. LANE**

Mailing Address 8502 N 59TH PL

City	State	Zip Code
PARADISE VALLEY	AZ	85253-2206

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162142**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1437 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. FRANCES C. LANE**

Mailing Address 6805 MELROSE DR

City	State	Zip Code
MCLEAN	VA	22101-2927

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168562**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. FRANCES C. LANE**

Mailing Address 6805 MELROSE DR

City	State	Zip Code
MCLEAN	VA	22101-2927

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175696**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LEESA BYERS LANE**

Mailing Address 8502 N 59TH PL

City	State	Zip Code
PARADISE VALLEY	AZ	85253-2206

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162131**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1438 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. IRA LANG**

Mailing Address 2054 N BAY RD

City

MIAMI BEACH

State

FL

Zip Code

33140-4537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158269**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. MARK LANGDALE**

Mailing Address 9398 ALVA COURT

City

DALLAS

State

TX

Zip Code

75220-2201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169412**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARK LANGERMAN**

Mailing Address 13511 E DEL TIMBRE DR

City

SCOTTSDALE

State

AZ

Zip Code

85259-6328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

EMPOWERMENT FINANCIAL GROUP

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159288**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1439 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD LANGE**

Mailing Address 5001 EL PASO DR  
STE 3200

City State Zip Code  
EL PASO TX 79905-2827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
TEXAS TECH UNIVERSITY HEALTH SCIENCE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175459**

Date of Receipt

M M / D D / Y Y Y Y  
12 11 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SAM LANGFORD**

Mailing Address 14507 WHISPERING VALLEY DR

City State Zip Code  
CYPRESS TX 77429-4126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
CST INC ASSNT. MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.160479**

Date of Receipt

M M / D D / Y Y Y Y  
10 18 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SAM LANGFORD**

Mailing Address 14507 WHISPERING VALLEY DR

City State Zip Code  
CYPRESS TX 77429-4126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
CST INC ASSNT. MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.162832**

Date of Receipt

M M / D D / Y Y Y Y  
10 25 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1440 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SAM LANGFORD**

Mailing Address 14507 WHISPERING VALLEY DR

City	State	Zip Code
CYPRESS	TX	77429-4126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CST INC

Occupation  
ASSNT. MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.172774**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SAM LANGFORD**

Mailing Address 14507 WHISPERING VALLEY DR

City	State	Zip Code
CYPRESS	TX	77429-4126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CST INC

Occupation  
ASSNT. MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.173406**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SAM LANGFORD**

Mailing Address 14507 WHISPERING VALLEY DR

City	State	Zip Code
CYPRESS	TX	77429-4126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CST INC

Occupation  
ASSNT. MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.177357**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1441 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SAM LANGFORD**

Mailing Address 14507 WHISPERING VALLEY DR

City	State	Zip Code
CYPRESS	TX	77429-4126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CST INC

Occupation  
ASSNT. MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.179943**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CATHERINE A. LANGHAM**

Mailing Address 5902 TRADING POST PL

City	State	Zip Code
CARMEL	IN	46033-8823

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LANGHAM LOGISTICS, INC.

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159266**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEVEN LANGMAN**

Mailing Address 1133 5TH AVE  
APT 14

City	State	Zip Code
NEW YORK	NY	10128-0123

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RHONE CAPITAL

Occupation  
MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158000**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1442 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. HELENA LANKTON**

Mailing Address 1801 SW 61ST DR

City  
PORTLAND

State Zip Code  
OR 97221-1434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FERGUSON WELLMAN CAPITAL MANAGEM

Occupation  
INVESTMENT ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.172213**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PHILLIP EDWARD LANTZ**

Mailing Address 4 WOLFE ST

City  
ALEXANDRIA

State Zip Code  
VA 22314-3861

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SYSTEMS PLANNING AND ANALYSIS,  
INC.

Occupation  
CORPORATE EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.172268**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PHILLIP EDWARD LANTZ**

Mailing Address 4 WOLFE ST

City  
ALEXANDRIA

State Zip Code  
VA 22314-3861

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SYSTEMS PLANNING AND ANALYSIS,  
INC.

Occupation  
CORPORATE EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.179383**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1443 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL A. LAPELLA**

Mailing Address 1340 TUSKAWILLA RD

City	State	Zip Code
WINTER SPRINGS	FL	32708-5030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158268**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAY LAPINE**

Mailing Address 428 CHILDERS ST  
#23892

City	State	Zip Code
PENSACOLA	FL	32534-9630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INTRALOT INC	CHIEF COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.156505**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAY LAPINE**

Mailing Address 428 CHILDERS ST  
#23892

City	State	Zip Code
PENSACOLA	FL	32534-9630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INTRALOT INC	CHIEF COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.174575**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1035.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1444 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAY LAPINE**

Mailing Address **428 CHILDERS ST**  
**#23892**

City **PENSACOLA** State **FL** Zip Code **32534-9630**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INTRALOT INC**

Occupation  
**CHIEF COUNSEL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.176216**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEVEN A. LAPPIN**

Mailing Address **201 OCEAN AVE**  
**UNIT P1205**

City **SANTA MONICA** State **CA** Zip Code **90402-1437**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168560**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JUDY LARCH**

Mailing Address **119 REED AVE**

City **PELHAM** State **NY** Zip Code **10803-2435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MACYS**

Occupation  
**RETAIL EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2887.00**

**Transaction ID : SA17.156784**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-250.00**

☐ Memo Item

**CHARGED BACK**

**Subtotal Of Receipts This Page (optional)**.....

**2455.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1445 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JUDY LARCH**

Mailing Address **119 REED AVE**

City  
**PELHAM**

State  
**NY**

Zip Code  
**10803-2435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MACYS**

Occupation  
**RETAIL EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2887.00**

**Transaction ID : SA17.175643**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**187.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM LARGE**

Mailing Address **1810 MARSTON PL**

City  
**TALLAHASSEE**

State  
**FL**

Zip Code  
**32308-0926**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FLORIDA JUSTICE REFORM INSTITUTE**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158598**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM E. LARK**

Mailing Address **344 S BONITA AVE**

City  
**PANAMA CITY**

State  
**FL**

Zip Code  
**32401-3978**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIRACLE STRIP**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173096**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1437.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1446 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. JOANNE LARKIN**

Mailing Address **240 E 79TH ST**  
**APT 14D**

City **NEW YORK** State **NY** Zip Code **10075-1252**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157330**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARIANNA LARKIN**

Mailing Address **809 CONTOUR DR**

City **SAN ANTONIO** State **TX** Zip Code **78212-1703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.180902**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS C. LAROSE**

Mailing Address **6745 SOUTHPONTE PKWY**

City **BRECKSVILLE** State **OH** Zip Code **44141-3267**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOUSE OF LAROSE**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172993**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1447 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. BABS LARSEN**

Mailing Address **24876 PASEO DEL RANCHO**

City	State	Zip Code
CALABASAS	CA	91302-3083

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157929**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARSHALL LARSEN**

Mailing Address **10115 E BELL RD**

City	State	Zip Code
SCOTTSDALE	AZ	85260-2189

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159436**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS LARSON**

Mailing Address **811 HOLLY DRIVE EAST**

City	State	Zip Code
ANNAPOLIS	MD	21409

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SALESMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.179721**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1448 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIMOTHY LASH**

Mailing Address 17 STONY BROOK RD

City

DARIEN

State

CT

Zip Code

06820-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THIRD POINT LLC

Occupation

INVESTMENT ANALYST

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159068**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STUART G. LASHER**

Mailing Address 1511 N WEST SHORE BLVD  
STE 700

City

TAMPA

State

FL

Zip Code

33607-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

QUANTUM CAPITAL

Occupation

MANAGING DIRECTOR

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158846**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN LASHLEY**

Mailing Address 6262 N CAMINO VERDE

City

TUCSON

State

AZ

Zip Code

85743-9699

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TUCSON SPEEDWAY

Occupation

NASCAR RACE TRACK

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.176652**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1449 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAN LASIK**

Mailing Address 20486 INWOOD CT

City	State	Zip Code
STERLING	VA	20165-6422

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ERNST & YOUNG**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173422**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY W. LATHAM**

Mailing Address 7050 VILLAGE DR  
STE D

City	State	Zip Code
BUENA PARK	CA	90621-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FUELING AND SERVICE TECHNOLOGIES, INC.**

Occupation  
**CIVIL ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177413**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANNE HARLAN LATINO**

Mailing Address 127 LIVINGSTON DR

City	State	Zip Code
MADISON	MS	39110-7772

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174773**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1450 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GARY B. LAUGHLIN**

Mailing Address 3831 TURTLE CREEK BLVD

City	State	Zip Code
DALLAS	TX	75219-4480

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.172240**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GARY B. LAUGHLIN**

Mailing Address 3831 TURTLE CREEK BLVD

City	State	Zip Code
DALLAS	TX	75219-4480

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.177727**

Date of Receipt

**12 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NICHOLAS A. LAVERIS**

Mailing Address 60 W 75TH ST

City	State	Zip Code
NEW YORK	NY	10023-2016

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ORRICK, HERRINGTON & SUTCLIFFE LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.164563**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1451 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NICHOLAS A. LAVERIS**

Mailing Address 60 W 75TH ST

City  
NEW YORK

State Zip Code  
NY 10023-2016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ORRICK, HERRINGTON & SUTCLIFFE LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.181423**

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRANCE LAVIN**

Mailing Address 923 E KILBOURN AVE

City  
MILWAUKEE

State Zip Code  
WI 53202-3493

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INTERIOR DESIGN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168140**

Date of Receipt

M M / D D / Y Y Y Y  
11 12 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRANCE LAVIN**

Mailing Address 923 E KILBOURN AVE

City  
MILWAUKEE

State Zip Code  
WI 53202-3493

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INTERIOR DESIGN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176581**

Date of Receipt

M M / D D / Y Y Y Y  
12 15 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1452 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANCE LAVIN**

Mailing Address 923 E KILBOURN AVE

City	State	Zip Code
MILWAUKEE	WI	53202-3493

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INTERIOR DESIGN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176590**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID LAW**

Mailing Address 8627 COOLEY LAKE RD  
APT 308

City	State	Zip Code
COMMERCE TWP	MI	48382-4700

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STATE OF MICHIGAN**

Occupation  
**JUDGE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160337**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JON LAW**

Mailing Address 6604 EL PARQUE DR

City	State	Zip Code
EL PASO	TX	79912-7310

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PDNHF**

Occupation  
**ADMIN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177345**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1275.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1453 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHARON LAW**

Mailing Address 89 PRIVATE ROAD 54167

City

PITTSBURG

State

TX

Zip Code

75686-4390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

REX LAW, DDS

Occupation

RN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157202**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. F. RODNEY LAWLER**

Mailing Address 900 S GAY ST  
STE 1600

City

KNOXVILLE

State

TN

Zip Code

37902-1857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LAWLER WOOD, LLC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.152240**

Date of Receipt

**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. F. RODNEY LAWLER**

Mailing Address 900 S GAY ST  
STE 1600

City

KNOXVILLE

State

TN

Zip Code

37902-1857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LAWLER WOOD, LLC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.152240B**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1454 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. F. RODNEY LAWLER**

Mailing Address 900 S GAY ST  
STE 1600

City State Zip Code  
KNOXVILLE TN 37902-1857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LAWLER WOOD, LLC

Occupation  
CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174107**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES BERDON LAWRENCE**

Mailing Address 3707 KNOLLWOOD ST

City State Zip Code  
HOUSTON TX 77019-1109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
L3 PARTNERS LLC

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164418**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CATHERINE LAWSON**

Mailing Address 5656 SUNSET LN

City State Zip Code  
INDIANAPOLIS IN 46228-1446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158298**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1455 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CATHERINE LAWSON**

Mailing Address 5656 SUNSET LN

City

INDIANAPOLIS

State

IN

Zip Code

46228-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.167444**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JUNE D. LAWTON**

Mailing Address 88 PLYMOUTH RD

City

NEWTON

State

MA

Zip Code

02461-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BWFH

Occupation

HEALTH

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.167022**

Date of Receipt

MM / DD / YYYY  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JUNE D. LAWTON**

Mailing Address 88 PLYMOUTH RD

City

NEWTON

State

MA

Zip Code

02461-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BWFH

Occupation

HEALTH

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.171120**

Date of Receipt

MM / DD / YYYY  
11 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1456 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL LAYEUX**

Mailing Address 1953 E LUKE AVE

City	State	Zip Code
PHOENIX	AZ	85016-3013

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**COLEMAN DAHM & ASSOCIATES**

Occupation  
**CONSULTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158411**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KELLY LAYMAN**

Mailing Address PO BOX 1667

City	State	Zip Code
SANTA ROSA BEACH	FL	32459-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179945**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN LEACE**

Mailing Address 9113 SHOAL CREEK DR

City	State	Zip Code
TALLAHASSEE	FL	32312-4073

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BROOKS, LEBEOUF, FOSTER  
ATTORNEYS**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158053**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1457 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. DOROTHY B. LEACH**

Mailing Address 109 PENNY RD  
APT 339

City State Zip Code  
HIGH POINT NC 27260-2531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168212**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAULA LEAR**

Mailing Address 2415 COSTA VERDE BLVD

City State Zip Code  
JACKSONVILLE BEACH FL 32250-6291

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172501**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH T. LEARY**

Mailing Address 704 E 12TH ST

City State Zip Code  
HOUSTON TX 77008-7124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165406**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2125.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1458 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MR. JOSEPH T. LEARY**

Mailing Address 704 E 12TH ST

City  
HOUSTONState  
TXZip Code  
77008-7124FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171890**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****MR. HARRY LEATHERWOOD**

Mailing Address 619 CHASE DR

City  
TYLERState  
TXZip Code  
75701-9431FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PELLE LENGAOccupation  
OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.133971**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item**C. Full Name (Last, First, Middle Initial)****DAWN LEATHERWOOD**

Mailing Address 619 CHASE DR

City  
TYLERState  
TXZip Code  
75701-9431FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTSOccupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B157208**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1459 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HARRY LEATHERWOOD**

Mailing Address **619 CHASE DR**

City <b>TYLER</b>	State <b>TX</b>	Zip Code <b>75701-9431</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PELLE LENGA**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B157209**

Date of Receipt

M M / D D / Y Y Y Y
10 / 06 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item  
**REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT LEBLANC**

Mailing Address **1206 JEFFERSON AVE**

City <b>NEW ORLEANS</b>	State <b>LA</b>	Zip Code <b>70115-3014</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**RESTAURANTEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174614**

Date of Receipt

M M / D D / Y Y Y Y
12 / 07 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANICE M. LECHLEITER**

Mailing Address **601 CLUB LN**

City <b>LOUISVILLE</b>	State <b>KY</b>	Zip Code <b>40207-1408</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158539**

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**5400.00**

**Total This Period** (last page this line number only) .....

**5400.00**

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1460 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL R. LECHLEITER**

Mailing Address 16 FOREST HILL DR

City

CINCINNATI

State

OH

Zip Code

45208-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FRCH DESIGN WORLDWIDE

Occupation

DESIGNER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158234**

Date of Receipt

MM / DD / YYYY  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD A. LECHLEITER**

Mailing Address 601 CLUB LN

City

LOUISVILLE

State

KY

Zip Code

40207-1408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CATHOLIC EDUCATION FOUNDATION

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158540**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SARAH L. LECHLEITER**

Mailing Address 1 N ILLINOIS ST

City

INDIANAPOLIS

State

IN

Zip Code

46204-1945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161352**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1461 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ERIC LECKEY**

Mailing Address 9014 NOMINI LN

City

ALEXANDRIA

State

VA

Zip Code

22309-2811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PUBLIC SERVICE

Occupation  
PUBLIC SERVICE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.162627**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ERIC LECKEY**

Mailing Address 9014 NOMINI LN

City

ALEXANDRIA

State

VA

Zip Code

22309-2811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PUBLIC SERVICE

Occupation  
PUBLIC SERVICE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.170801**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PARKER LECORGNE**

Mailing Address 1725 PALMER AVENUE

City

NEW ORLEANS

State

LA

Zip Code

70118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DR. GH TICHENOR ANTISEPTIC CO.

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179947**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1462 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT H. LEDIG**

Mailing Address **1830 FOUNTAIN DR**  
**UNIT 202**

City **RESTON** State **VA** Zip Code **20190-4471**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RECHERT, L.L.P.**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.171825**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT B. LEDOUX JR.**

Mailing Address **236 SEA ISLAND DR**

City **PONTE VEDRA** State **FL** Zip Code **32082-3735**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FLORIDA EAST COAST RAILWAY**

Occupation  
**SVP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1600.00**

**Transaction ID : SA17.169784**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANNA LEE**

Mailing Address **5134 WOODFORD DR**

City **CENTREVILLE** State **VA** Zip Code **20120-1380**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NCBA**

Occupation  
**PAC DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1050.00**

**Transaction ID : SA17.157184**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1463 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANNA LEE**

Mailing Address 5134 WOODFORD DR

City

CENTREVILLE

State

VA

Zip Code

20120-1380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NCBA

Occupation

PAC DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

**Transaction ID : SA17.158026**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANNA LEE**

Mailing Address 5134 WOODFORD DR

City

CENTREVILLE

State

VA

Zip Code

20120-1380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NCBA

Occupation

PAC DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

**Transaction ID : SA17.175264**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. BRETT D. LEE**

Mailing Address 8 WATERS EDGE CT

City

HEATH

State

TX

Zip Code

75032-5991

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TENET HEALTHCARE

Occupation

HEALTHCARE LENDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166332**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1464 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CAROLYN A. LEE**

Mailing Address **54 COUNTRY CLUB RD SW**

City	State	Zip Code
LAKEWOOD	WA	98498-5315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STATE FARM**

Occupation  
**INSURANCE SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.181133**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHAO JUNG LEE**

Mailing Address **72 W LIVE OAK AVE**

City	State	Zip Code
ARCADIA	CA	91007-8561

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AIQ EDUCATION**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178073**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHAO JUNG LEE**

Mailing Address **72 W LIVE OAK AVE**

City	State	Zip Code
ARCADIA	CA	91007-8561

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AIQ EDUCATION**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178074**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1465 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID S. K. LEE**

Mailing Address **19345 SAN JOSE AVE**

City	State	Zip Code
CITY OF INDUSTRY	CA	91748-1420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HING WA LEE GROUP**

Occupation  
**CEO/CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175893**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HSIN RONG LEE**

Mailing Address **769 HARBOR VISTA DR**

City	State	Zip Code
COLUMBIA	SC	29229-7438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ELEMENT T.V. COMPANY**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.172928**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY C. LEE**

Mailing Address **5208 MEADOWBROOK RD**

City	State	Zip Code
BENSON	NC	27504-8618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166338**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1466 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KATHERINE LEE**

Mailing Address 30 KEWEN PL

City	State	Zip Code
SAN MARINO	CA	91108-1104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177113**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEVIN LEE**

Mailing Address 1671 STONE PINE LN

City	State	Zip Code
MENLO PARK	CA	94025-3052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163447**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MIKE G. LEE**

Mailing Address 535 SPRING ST

City	State	Zip Code
DAVIDSON	NC	28036-7015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INDEPENDENCE CONSULTING**

Occupation  
**STRATEGY CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.173061**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1467 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MIKE G. LEE**

Mailing Address **535 SPRING ST**

City

**DAVIDSON**

State

**NC**

Zip Code

**28036-7015**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INDEPENDENCE CONSULTING**

Occupation

**STRATEGY CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2250.00**

**Transaction ID : SA17.180429**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SUJEAN LEE**

Mailing Address **301 ELIZABETH ST**  
**APT 10U**

City

**NEW YORK**

State

**NY**

Zip Code

**10012-2853**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CHOBANI**

Occupation

**SENIOR VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158966**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VERNON LEE**

Mailing Address **16227 AMBERWOOD RD**

City

**DALLAS**

State

**TX**

Zip Code

**75248-2981**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158016**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1468 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VERONICA LEE**

Mailing Address **485 TIMBER DR**

City

**DECATUR**

State

**IL**

Zip Code

**62521-5516**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LEE INSTITUTE OF SKIN AND LASER**

Occupation

**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.159474**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VERONICA LEE**

Mailing Address **485 TIMBER DR**

City

**DECATUR**

State

**IL**

Zip Code

**62521-5516**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LEE INSTITUTE OF SKIN AND LASER**

Occupation

**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.168364**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VERNON LEE**

Mailing Address **16227 AMBERWOOD RD**

City

**DALLAS**

State

**TX**

Zip Code

**75248-2981**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175857**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1469 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VERONICA LEE**

Mailing Address **485 TIMBER DR**

City <b>DECATUR</b>	State <b>IL</b>	Zip Code <b>62521-5516</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LEE INSTITUTE OF SKIN AND LASER**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.176282**

Date of Receipt

M M / D D / Y Y Y Y
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM LEE**

Mailing Address **3011 REBA DR**

City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77019-6203</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FAYEZ SAROFIM & CO.**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162580**

Date of Receipt

M M / D D / Y Y Y Y
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WOO LEE**

Mailing Address **525 NW 27TH ST**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33127-4127</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.167259**

Date of Receipt

M M / D D / Y Y Y Y
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2825.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1470 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WOO LEE**

Mailing Address 525 NW 27TH ST

City	State	Zip Code
MIAMI	FL	33127-4127

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.174586**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WOO LEE**

Mailing Address 525 NW 27TH ST

City	State	Zip Code
MIAMI	FL	33127-4127

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.179948**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. DALIA LEEDS**

Mailing Address 1016 5TH AVE

City	State	Zip Code
NEW YORK	NY	10028-0132

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157269**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2710.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1471 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DIRKSEN LEHMAN**

Mailing Address 10 LIBRA CT

City

COTO DE CAZA

State

CA

Zip Code

92679-5113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EDWARDS

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159444**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GARY J. LEHMAN**

Mailing Address PO BOX 4217

City

LAFAYETTE

State

IN

Zip Code

47903-4217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CANNELTON GROUP

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158530**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SECRETARY JOHN LEHMAN**

Mailing Address 450 PARK AVE

City

NEW YORK

State

NY

Zip Code

10022-2605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J.F. LEHMAN AND COMPANY

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159228**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1472 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS LEHRMAN**

Mailing Address 1040 5TH AVE

City  
NEW YORK

State Zip Code  
NY 10028-0137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HAYSTACK PARTNERS LLC

Occupation  
ENTREPRENEUR / INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.176405**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN C. LEICHLER**

Mailing Address 1 N ILLINOIS ST

City  
INDIANAPOLIS

State Zip Code  
IN 46204-1945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ELI LILLY & COMPANY

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161353**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SARAH P. LEINEWEBER**

Mailing Address 28 HARVEST CT

City  
GREENVILLE

State Zip Code  
SC 29601-4409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1850.00

**Transaction ID : SA17.164080**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1473 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. SARAH P. LEINEWEBER**

Mailing Address 28 HARVEST CT

City	State	Zip Code
GREENVILLE	SC	29601-4409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1850.00

**Transaction ID : SA17.169697**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. SARAH P. LEINEWEBER**

Mailing Address 28 HARVEST CT

City	State	Zip Code
GREENVILLE	SC	29601-4409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1850.00

**Transaction ID : SA17.177822**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT LEINEN**

Mailing Address 18319 DUPONT CIR

City	State	Zip Code
OMAHA	NE	68130-2789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RBC WEALTH MANAGEMENT

Occupation  
FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159107**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3050.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1474 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARIA CAMILA LEIVA**

Mailing Address 9490 OLD CUTLER LN

City	State	Zip Code
CORAL GABLES	FL	33156-2243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MFZ MANAGEMENT CORPORATION**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.172953**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW H. LEMBKE**

Mailing Address 1819 5TH AVE N

City	State	Zip Code
BIRMINGHAM	AL	35203-2120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRADLEY ARANT BOULT CUMMINGS LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.159550**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MEIKE S. LEMIEUX**

Mailing Address 2743 NE 30TH ST

City	State	Zip Code
LIGHTHOUSE POINT	FL	33064-8522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1607.08

**Transaction ID : SA17.159283**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3025.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1475 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MEIKE S. LEMIEUX**

Mailing Address 2743 NE 30TH ST

City	State	Zip Code
LIGHTHOUSE POINT	FL	33064-8522

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1607.08

**Transaction ID : SA17.183189**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

337.08

☐ Memo Item

**IN-KIND: CATERING**

**B. Full Name (Last, First, Middle Initial)**

**MR. NORBERTO LEMOS**

Mailing Address 25 EAGLE HARBOR TRL

City	State	Zip Code
PALM COAST	FL	32164-6149

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.157596**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NORBERTO LEMOS**

Mailing Address 25 EAGLE HARBOR TRL

City	State	Zip Code
PALM COAST	FL	32164-6149

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178535**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

637.08

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1476 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**COLLEEN LENERS**

Mailing Address 3738 VIA DEL CONQUISTADOR

City	State	Zip Code
SAN DIEGO	CA	92117-5741

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.160114**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LARIMER LENHARDT**

Mailing Address 9490 SW 188TH ST

City	State	Zip Code
CUTLER BAY	FL	33157-7902

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.176758**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL T. LENNON**

Mailing Address 3723 48T STREET NW

City	State	Zip Code
WASHINGTON	DC	20016-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LATHAM & WATKINS

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163057**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1825.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1477 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. STEPHANIE LENNON**

Mailing Address 3723 48T STREET NW

City	State	Zip Code
WASHINGTON	DC	20016-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163056**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SARAH LENTI**

Mailing Address 1851 BASSETT ST  
APT 314

City	State	Zip Code
DENVER	CO	80202-1022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SML ADVISORY PARTNERS

Occupation  
POLITICAL CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158918**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STAN LEOPARD**

Mailing Address 1930 VILLAGE CENTER CIR

City	State	Zip Code
LAS VEGAS	NV	89134-6299

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JOSEKI, INC.

Occupation  
STRATEGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.178422**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1478 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STAN LEOPARD**

Mailing Address 1930 VILLAGE CENTER CIR

City	State	Zip Code
LAS VEGAS	NV	89134-6299

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JOSEKI, INC.

Occupation  
STRATEGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.179253**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STAN LEOPARD**

Mailing Address 1930 VILLAGE CENTER CIR

City	State	Zip Code
LAS VEGAS	NV	89134-6299

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JOSEKI, INC.

Occupation  
STRATEGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.179254**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LAURA LEPRINO**

Mailing Address 3869 UNION CT

City	State	Zip Code
WHEAT RIDGE	CO	80033-3882

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158917**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1479 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TOM LERACH**

Mailing Address 700 SCHOOL HOUSE RD

City	State	Zip Code
CHESAPEAKE	VA	23322-1710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INTEL**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.162759**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOM LERACH**

Mailing Address 700 SCHOOL HOUSE RD

City	State	Zip Code
CHESAPEAKE	VA	23322-1710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INTEL**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.166968**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TOM LERACH**

Mailing Address 700 SCHOOL HOUSE RD

City	State	Zip Code
CHESAPEAKE	VA	23322-1710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INTEL**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.170799**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1480 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TOM LERACH**

Mailing Address 700 SCHOOL HOUSE RD

City	State	Zip Code
CHESAPEAKE	VA	23322-1710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INTEL**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.178484**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID J. LESAR**

Mailing Address 300 N SAM HOUSTON PKWY E

City	State	Zip Code
HOUSTON	TX	77060-3301

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HALLIBURTON**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.164407**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW LESLIE**

Mailing Address 488 WALKER RD

City	State	Zip Code
CARROLLTON	GA	30117-5864

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EGGTRONICS LLC**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.159730**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1481 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANNE LESSER**

Mailing Address 320 EUCLID AVE

# 2R

City

MIAMI BEACH

State

FL

Zip Code

33139-8741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JEB 2016, INC.

Occupation

POLITICAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

214.60

**Transaction ID : SA17.167726**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

64.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID LESSING**

Mailing Address 30 WEST LN

City

BAY SHORE

State

NY

Zip Code

11706-8614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LESSINGS INC

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172702**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH LESTER**

Mailing Address 301 BRIARCLIFF RD

City

WEST POINT

State

GA

Zip Code

31833-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

630.00

**Transaction ID : SA17.165542**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2814.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1482 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH LESTER**

Mailing Address 301 BRIARCLIFF RD

City

WEST POINT

State

GA

Zip Code

31833-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

630.00

**Transaction ID : SA17.167053**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH LESTER**

Mailing Address 301 BRIARCLIFF RD

City

WEST POINT

State

GA

Zip Code

31833-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

630.00

**Transaction ID : SA17.167956**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH LESTER**

Mailing Address 301 BRIARCLIFF RD

City

WEST POINT

State

GA

Zip Code

31833-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

630.00

**Transaction ID : SA17.168157**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1483 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH LESTER**

Mailing Address 301 BRIARCLIFF RD

City

WEST POINT

State

GA

Zip Code

31833-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

630.00

**Transaction ID : SA17.171289**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH LESTER**

Mailing Address 301 BRIARCLIFF RD

City

WEST POINT

State

GA

Zip Code

31833-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

630.00

**Transaction ID : SA17.172135**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH LESTER**

Mailing Address 301 BRIARCLIFF RD

City

WEST POINT

State

GA

Zip Code

31833-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

630.00

**Transaction ID : SA17.175793**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1484 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH LESTER**

Mailing Address 301 BRIARCLIFF RD

City

WEST POINT

State

GA

Zip Code

31833-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

630.00

**Transaction ID : SA17.177227**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH LESTER**

Mailing Address 301 BRIARCLIFF RD

City

WEST POINT

State

GA

Zip Code

31833-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

630.00

**Transaction ID : SA17.179599**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CATHY LEUENBERGER**

Mailing Address 3537 YELLOW CREEK RD

City

AKRON

State

OH

Zip Code

44333-2221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.162227**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

205.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1485 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CATHY LEUENBERGER**

Mailing Address 3537 YELLOW CREEK RD

City AKRON	State OH	Zip Code 44333-2221
---------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.166804**

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CATHY LEUENBERGER**

Mailing Address 3537 YELLOW CREEK RD

City AKRON	State OH	Zip Code 44333-2221
---------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.173202**

Date of Receipt

M M / D D / Y Y Y Y
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CATHY LEUENBERGER**

Mailing Address 3537 YELLOW CREEK RD

City AKRON	State OH	Zip Code 44333-2221
---------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.180430**

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1486 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAY PAUL LEUPP**

Mailing Address **3 EMBARCADO CENTER**  
**SUITE 1610**

City **SAN FRANCISCO** State **CA** Zip Code **94111-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAZARD ASSET MANAGEMENT**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.154045**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**B. Full Name (Last, First, Middle Initial)**

**MR. JAY PAUL LEUPP**

Mailing Address **3 EMBARCADO CENTER**  
**SUITE 1610**

City **SAN FRANCISCO** State **CA** Zip Code **94111-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAZARD ASSET MANAGEMENT**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B163180**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**MRS. URSULA LEUPP**

Mailing Address **3 EMBARCADO CENTER**  
**SUITE 1610**

City **SAN FRANCISCO** State **CA** Zip Code **94111-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B163179**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**0.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1487 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ETTA LOUISE LEVEN**

Mailing Address 39012 OLD SAWMILL RD

City	State	Zip Code
PONCHATOULA	LA	70454-4202

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.163281**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ETTA LOUISE LEVEN**

Mailing Address 39012 OLD SAWMILL RD

City	State	Zip Code
PONCHATOULA	LA	70454-4202

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.165717**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ETTA LOUISE LEVEN**

Mailing Address 39012 OLD SAWMILL RD

City	State	Zip Code
PONCHATOULA	LA	70454-4202

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.177623**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1488 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEORGE LEVESQUE**

Mailing Address 3549 N MERIDIAN RD

City	State	Zip Code
TALLAHASSEE	FL	32312-1248

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FLORIDA LEGISLATURE

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2427.00

**Transaction ID : SA17.177988**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

107.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GEORGE LEVESQUE**

Mailing Address 3549 N MERIDIAN RD

City	State	Zip Code
TALLAHASSEE	FL	32312-1248

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FLORIDA LEGISLATURE

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2427.00

**Transaction ID : SA17.180686**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PATRICIA W. LEVESQUE**

Mailing Address 3549 N MERIDIAN RD

City	State	Zip Code
TALLAHASSEE	FL	32312-1248

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FOUNDATION FOR EXCELLENCE IN  
EDUCATION

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164472**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2357.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1489 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA W. LEVESQUE**

Mailing Address 3549 N MERIDIAN RD

City	State	Zip Code
TALLAHASSEE	FL	32312-1248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
FOUNDATION FOR EXCELLENCE IN EDUCATION	CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171108**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

☐ Memo Item

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE LEVESQUE**

Mailing Address 3549 N MERIDIAN RD

City	State	Zip Code
TALLAHASSEE	FL	32312-1248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
FLORIDA LEGISLATURE	ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2427.00

**Transaction ID : SA17.177134**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

70.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA W. LEVESQUE**

Mailing Address 3549 N MERIDIAN RD

City	State	Zip Code
TALLAHASSEE	FL	32312-1248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
FOUNDATION FOR EXCELLENCE IN EDUCATION	CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171108B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-70.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page** (optional).....

2200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1490 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALEX C. LEVIN**

Mailing Address **2480 N TANQUE VERDE VILLAGE PL**

City	State	Zip Code
<b>TUCSON</b>	<b>AZ</b>	<b>85749-8505</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LEVIN FUNDING GROUP**

Occupation  
**RISK MANAGEMENT ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.164383**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. BERNARD M. LEVINE**

Mailing Address **266 S COCONUT LN**

City	State	Zip Code
<b>MIAMI BEACH</b>	<b>FL</b>	<b>33139-5164</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DOCTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.174358**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. BERNARD M. LEVINE**

Mailing Address **266 S COCONUT LN**

City	State	Zip Code
<b>MIAMI BEACH</b>	<b>FL</b>	<b>33139-5164</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DOCTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.174358B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1491 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. BERNARD M. LEVINE**

Mailing Address **266 S COCONUT LN**

City <b>MIAMI BEACH</b>	State <b>FL</b>	Zip Code <b>33139-5164</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DOCTOR**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.175930**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID M. LEVINE**

Mailing Address **1773 SCHOENITH LN**

City <b>BLOOMFIELD HILLS</b>	State <b>MI</b>	Zip Code <b>48302-2657</b>
---------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SWISTAK LEVINE P.C.**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160051**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY H. LEVINE**

Mailing Address **266 S COCONUT LN**

City <b>MIAMI BEACH</b>	State <b>FL</b>	Zip Code <b>33139-5164</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.174359**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY H. LEVINE**

Mailing Address 266 S COCONUT LN

City

MIAMI BEACH

State

FL

Zip Code

33139-5164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174359B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARY H. LEVINE**

Mailing Address 266 S COCONUT LN

City

MIAMI BEACH

State

FL

Zip Code

33139-5164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.175931**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**JEFFREY LEVITAN**

Mailing Address 11 TIMES SQ

City

NEW YORK

State

NY

Zip Code

10036-6600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PROSKAUER ROSE LLP

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158464**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDWARD C. LEVY JR.**

Mailing Address 970 SHIRLEY RD

City	State	Zip Code
BIRMINGHAM	MI	48009-3730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EDW. C. LEVY COMPANY**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161528**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JERROLD LEVY**

Mailing Address 631 ESPLANADE

City	State	Zip Code
PELHAM	NY	10803-2405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175831**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDY LEWIS**

Mailing Address 5370 MANORTREE CT

City	State	Zip Code
CINCINNATI	OH	45238-3615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STAPLES**

Occupation  
**RETAIL OPERATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.171373**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1494 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDY LEWIS**

Mailing Address 5370 MANORTREE CT

City

CINCINNATI

State

OH

Zip Code

45238-3615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STAPLES

Occupation

RETAIL OPERATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.178628**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDY LEWIS**

Mailing Address 5370 MANORTREE CT

City

CINCINNATI

State

OH

Zip Code

45238-3615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STAPLES

Occupation

RETAIL OPERATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.180690**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS LEWIS**

Mailing Address 11714 CRESCENDA ST

City

LOS ANGELES

State

CA

Zip Code

90049-2927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RLH EQUITY PARTNERS

Occupation

GENERAL PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179432**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1495 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA N. LEWIS**

Mailing Address 1039 BAUM RD

City

TALLAHASSEE

State

FL

Zip Code

32317-8630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.161402**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA N. LEWIS**

Mailing Address 1039 BAUM RD

City

TALLAHASSEE

State

FL

Zip Code

32317-8630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.169977**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA N. LEWIS**

Mailing Address 1039 BAUM RD

City

TALLAHASSEE

State

FL

Zip Code

32317-8630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.175992**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1496 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID P. LEWIS**

Mailing Address 9029 DIAMOND POINTE DR

City	State	Zip Code
INDIANAPOLIS	IN	46236-9052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ELI LILLY AND COMPANY**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159251**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DON C. LEWIS**

Mailing Address 10644 YATES DR

City	State	Zip Code
WESTMINSTER	CO	80031-1984

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.163052**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DON C. LEWIS**

Mailing Address 10644 YATES DR

City	State	Zip Code
WESTMINSTER	CO	80031-1984

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.169978**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DON C. LEWIS**

Mailing Address 10644 YATES DR

City	State	Zip Code
WESTMINSTER	CO	80031-1984

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.180446**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRANK LEWIS**

Mailing Address 5560 CLAIRE ROSE LN

City	State	Zip Code
ATLANTA	GA	30327-4829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
IBM

Occupation  
CONSULTING EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.157421**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRANK LEWIS**

Mailing Address 5560 CLAIRE ROSE LN

City	State	Zip Code
ATLANTA	GA	30327-4829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
IBM

Occupation  
CONSULTING EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.165121**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANK LEWIS**

Mailing Address **5560 CLAIRE ROSE LN**

City	State	Zip Code
ATLANTA	GA	30327-4829

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

IBM

Occupation

CONSULTING EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.172602**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRANK LEWIS**

Mailing Address **5560 CLAIRE ROSE LN**

City	State	Zip Code
ATLANTA	GA	30327-4829

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

IBM

Occupation

CONSULTING EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.179949**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRANK LEWIS JR.**

Mailing Address **514 GREENBRIAR CT**

City	State	Zip Code
STILLWATER	OK	74075-1634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LAND RUN UNITED COUNTRY REALTY

Occupation

COMMERCIAL REALTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.160422**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1499 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANK LEWIS JR.**

Mailing Address 514 GREENBRIAR CT

City	State	Zip Code
STILLWATER	OK	74075-1634

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LAND RUN UNITED COUNTRY REALTY**

Occupation  
**COMMERCIAL REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177491**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNIFER LEWIS**

Mailing Address 11714 CRESCENDA ST

City	State	Zip Code
LOS ANGELES	CA	90049-2927

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179950**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JERRY LEWIS**

Mailing Address 548 HUNTERS RUN

City	State	Zip Code
BLUFFTON	OH	45817-1233

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**RESTAURANT OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.162545**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1500 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. JONATHAN J. M. LEWIS**

Mailing Address 3000 N SAM HOUSTON PKWY E

City	State	Zip Code
HOUSTON	TX	77032-3219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HALLIBURTON**

Occupation  
**SVP C. & P. DIVISION**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.164409**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MARTHA G. LEWIS**

Mailing Address 77 MIDDLE RD  
APT 368

City	State	Zip Code
BRYN MAWR	PA	19010-1780

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171739**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD LEWIS**

Mailing Address 1689 PHEASANT RUN PL

City	State	Zip Code
GENEVA	IL	60134-3195

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STATE FARM INSURANCE**

Occupation  
**AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157973**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1501 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TOM E. LEWIS JR.**

Mailing Address 1039 BAUM RD

City

TALLAHASSEE

State

FL

Zip Code

32317-8630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

640.00

**Transaction ID : SA17.157045**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TOM E. LEWIS JR.**

Mailing Address 1039 BAUM RD

City

TALLAHASSEE

State

FL

Zip Code

32317-8630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

640.00

**Transaction ID : SA17.157414**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TOM E. LEWIS JR.**

Mailing Address 1039 BAUM RD

City

TALLAHASSEE

State

FL

Zip Code

32317-8630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

640.00

**Transaction ID : SA17.159728**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

102.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1502 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MATTHEW LEYENDECKER**

Mailing Address 300 NICHOLAS ST

City

RANCHO VIEJO

State

TX

Zip Code

78575-4902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LEYENDECKER SCS

Occupation  
CUSTOMS BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.155292**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MAUREEN LIBERA**

Mailing Address 395 MASSAPEQUA AVE

City

MASSAPEQUA

State

NY

Zip Code

11758-5221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.165742**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MAUREEN LIBERA**

Mailing Address 395 MASSAPEQUA AVE

City

MASSAPEQUA

State

NY

Zip Code

11758-5221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.171364**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1075.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1503 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAUREEN LIBERA**

Mailing Address 395 MASSAPEQUA AVE

City

MASSAPEQUA

State

NY

Zip Code

11758-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.174201**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. NICOL LIBERAL**

Mailing Address 2904 BEVERLEY RD  
FLOOR 2

City

BROOKLYN

State

NY

Zip Code

11226-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE VENDOR

Occupation

GOVERNMENT ORGANIZATION

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

0.00

**Transaction ID : SA17.157920**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-3000.00



Memo Item

CHECK RETURNED BY BANK

**C. Full Name (Last, First, Middle Initial)**

**MR. LARRY P. LIEBERMAN**

Mailing Address 1605 MAIN ST  
STE 606

City

SARASOTA

State

FL

Zip Code

34236-5865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BARRINGTON GROUP INC.

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173054**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

-275.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1504 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT LIEBESKIND**

Mailing Address **75377 MONTECITO DR**

City

**INDIAN WELLS**

State

**CA**

Zip Code

**92210-8358**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171204**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT LIEBESKIND**

Mailing Address **75377 MONTECITO DR**

City

**INDIAN WELLS**

State

**CA**

Zip Code

**92210-8358**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.178632**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD L. LIEBHABER**

Mailing Address **44 W MEADOW DR**

City

**VAIL**

State

**CO**

Zip Code

**81657-5705**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164384**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1505 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CADELL LIEDTKE**

Mailing Address 900 N F ST

City	State	Zip Code
MIDLAND	TX	79701-6027

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMPASS OPERATING

Occupation  
OIL & GAS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166360**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARION LIEDTKE**

Mailing Address 900 N F ST

City	State	Zip Code
MIDLAND	TX	79701-6027

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMPASS OPERATING

Occupation  
OIL & GAS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166418**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAVIER LIENS**

Mailing Address 6328 SW 139TH CT

City	State	Zip Code
MIAMI	FL	33183-1910

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SOFTWARE TESTER ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

558.00

**Transaction ID : SA17.160831**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5475.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1506 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAVIER LIENS**

Mailing Address 6328 SW 139TH CT

City	State	Zip Code
MIAMI	FL	33183-1910

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SOFTWARE TESTER ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

558.00

**Transaction ID : SA17.160873**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAVIER LIENS**

Mailing Address 6328 SW 139TH CT

City	State	Zip Code
MIAMI	FL	33183-1910

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SOFTWARE TESTER ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

558.00

**Transaction ID : SA17.163670**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAVIER LIENS**

Mailing Address 6328 SW 139TH CT

City	State	Zip Code
MIAMI	FL	33183-1910

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SOFTWARE TESTER ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

558.00

**Transaction ID : SA17.168872**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1507 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAVIER LIENS**

Mailing Address 6328 SW 139TH CT

City  
MIAMI

State  
FL

Zip Code  
33183-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SOFTWARE TESTER ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

558.00

**Transaction ID : SA17.169221**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAVIER LIENS**

Mailing Address 6328 SW 139TH CT

City  
MIAMI

State  
FL

Zip Code  
33183-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SOFTWARE TESTER ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

558.00

**Transaction ID : SA17.175169**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAVIER LIENS**

Mailing Address 6328 SW 139TH CT

City  
MIAMI

State  
FL

Zip Code  
33183-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SOFTWARE TESTER ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

558.00

**Transaction ID : SA17.176104**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1508 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAVIER LIENS**

Mailing Address 6328 SW 139TH CT

City  
MIAMI

State  
FL

Zip Code  
33183-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SOFTWARE TESTER ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

558.00

**Transaction ID : SA17.177209**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAVIER LIENS**

Mailing Address 6328 SW 139TH CT

City  
MIAMI

State  
FL

Zip Code  
33183-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SOFTWARE TESTER ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

558.00

**Transaction ID : SA17.180507**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE LIGHT**

Mailing Address 5635 SHADY RIVER DR

City  
HOUSTON

State  
TX

Zip Code  
77056-1014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IBERIA BANK

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.162254**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1002.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1509 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEORGE LIGHT**

Mailing Address 5635 SHADY RIVER DR

City	State	Zip Code
HOUSTON	TX	77056-1014

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**IBERIA BANK**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.165342**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. PATSY LIGHT**

Mailing Address 300 ARGYLE AVE

City	State	Zip Code
SAN ANTONIO	TX	78209-5609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**HISTORIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.154255**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PATSY LIGHT**

Mailing Address 300 ARGYLE AVE

City	State	Zip Code
SAN ANTONIO	TX	78209-5609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**HISTORIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.154255B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1510 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PATSY LIGHT**

Mailing Address 300 ARGYLE AVE

City

SAN ANTONIO

State

TX

Zip Code

78209-5609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

HISTORIAN

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.159171**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MRS. ADELINE C. LILLY**

Mailing Address 1811 ROCKLEDGE DR

City

ROCKLEDGE

State

FL

Zip Code

32955-4909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.171701**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ELI LILLY**

Mailing Address 10819 DITCH RD

City

CARMEL

State

IN

Zip Code

46032-8714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158643**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1511 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE DAVID LILLY**

Mailing Address **1482 E VALLEY RD**  
**STE 712**

City **MONTECITO** State **CA** Zip Code **93108-1200**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SJL BROADCAST MGMT. CORP.**

Occupation  
**BROADCASTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.156435**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE DAVID LILLY**

Mailing Address **1482 E VALLEY RD**  
**STE 712**

City **MONTECITO** State **CA** Zip Code **93108-1200**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SJL BROADCAST MGMT. CORP.**

Occupation  
**BROADCASTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.170348**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE DAVID LILLY**

Mailing Address **1482 E VALLEY RD**  
**STE 712**

City **MONTECITO** State **CA** Zip Code **93108-1200**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SJL BROADCAST MGMT. CORP.**

Occupation  
**BROADCASTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.172452**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1512 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE DAVID LILLY**

Mailing Address **1482 E VALLEY RD**  
**STE 712**

City **MONTECITO** State **CA** Zip Code **93108-1200**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SJL BROADCAST MGMT. CORP.**

Occupation  
**BROADCASTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.179951**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID LIM**

Mailing Address **1325 LOMBARDY RD**

City **PASADENA** State **CA** Zip Code **91106-4119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TOP GLOVE**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177436**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JENNY H. LIM**

Mailing Address **1325 LOMBARDY RD**

City **PASADENA** State **CA** Zip Code **91106-4119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TOP GLOVE**

Occupation  
**ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177416**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1513 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ANGEL J. LIMONGI**

Mailing Address 9820 NW 8TH TER

City	State	Zip Code
MIAMI	FL	33172-3448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.162992**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

370.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HSIANG M. LIN**

Mailing Address 745 E VALLEY BLVD  
# 802

City	State	Zip Code
SAN GABRIEL	CA	91776-3549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

USA4YOU CORPORATION

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177121**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS LINDENSMITH**

Mailing Address 6101 19 MILE RD

City	State	Zip Code
STERLING HEIGHTS	MI	48314-2106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

GAFARI TRADING

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163001**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5770.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1514 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KAREN S. LINDERMAN**

Mailing Address 33209 N CROW RD

City	State	Zip Code
RONAN	MT	59864-9182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ENTREPRENEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

825.00

**Transaction ID : SA17.172388**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**RANDY LINDENBERG**

Mailing Address 1150 SPRING LAKE DR

City	State	Zip Code
ITASCA	IL	60143-2066

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FCL BUILDERS**

Occupation  
**GENERAL CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157656**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MARY JEAN LINDNER**

Mailing Address 8300 BURDETTE RD  
# A644

City	State	Zip Code
BETHESDA	MD	20817-2801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170091**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2025.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1515 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDWARD H. LINDSEY**

Mailing Address 3340 PEACHTREE RD NE  
STE 2100

City ATLANTA State GA Zip Code 30326-1084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOODMAN MCGUFFEY LINDSEY & JOHNSON

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174739**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JESSICA LINDSEY**

Mailing Address 520 WILLOW SPRING RD

City INDIANAPOLIS State IN Zip Code 46240-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165678**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID LINDSEY**

Mailing Address 520 WILLOW SPRING RD

City INDIANAPOLIS State IN Zip Code 46240-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEFENDER SECURITY CO.

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.175889**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

6000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1516 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JESSICA LINDSEY**

Mailing Address 520 WILLOW SPRING RD

City	State	Zip Code
INDIANAPOLIS	IN	46240-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165678B**

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2300.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**LOU LINEHAN**

Mailing Address 4025 S 224TH CIR

City	State	Zip Code
ELKHORN	NE	68022-2414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173647**

Date of Receipt

MM / DD / YYYY  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JONATHAN LINES**

Mailing Address 6656 E MOUNTAIN VIEW PL

City	State	Zip Code
YUMA	AZ	85365-1144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LINES AND LUNDGREEN ROOFING

Occupation

GENERAL MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162171**

Date of Receipt

MM / DD / YYYY  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 1517 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM LIPNER**

Mailing Address 310 ROUND HILL RD

City	State	Zip Code
GREENWICH	CT	06831-3374

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LIPNER PARTNERS, LP**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159306**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CATHERINE C. LIPSEY**

Mailing Address 1132 READING DR

City	State	Zip Code
ORLANDO	FL	32804-6730

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159079**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAY LIPSEY**

Mailing Address 3330 NE 190TH ST

City	State	Zip Code
AVENTURA	FL	33180-2753

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MCCOMBIE GROUP**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158432**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1518 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSH LIPSHUTZ**

Mailing Address 333 MISSION ST  
STE 3000

City State Zip Code  
SAN FRANCISCO CA 94105-2202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GIBSON DUNN & CRUTCHER

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178485**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RUSSELL W. LISTER SR.**

Mailing Address 4645 VOYAGER DR

City State Zip Code  
PENSACOLA FL 32514-6745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.160018**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES R. LITES**

Mailing Address 6380 CAROLINE DR

City State Zip Code  
FRISCO TX 75034-4838

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DALLAS STARS

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163196**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1519 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SCOTT K. LITES**

Mailing Address 3904 COTTONTAIL LN

City	State	Zip Code
BLOOMFIELD HILLS	MI	48301-1908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163197**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT LITTELL**

Mailing Address 14503 CLIFTY CT

City	State	Zip Code
TAMPA	FL	33624-2600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

830.00

**Transaction ID : SA17.162684**

Date of Receipt

MM / DD / YYYY  
10 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

33.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT LITTELL**

Mailing Address 14503 CLIFTY CT

City	State	Zip Code
TAMPA	FL	33624-2600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

830.00

**Transaction ID : SA17.165834**

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

33.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2766.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1520 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT LITTELL**

Mailing Address 14503 CLIFTY CT

City	State	Zip Code
TAMPA	FL	33624-2600

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

830.00

**Transaction ID : SA17.170991**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

33.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT LITTELL**

Mailing Address 14503 CLIFTY CT

City	State	Zip Code
TAMPA	FL	33624-2600

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

830.00

**Transaction ID : SA17.173722**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

33.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT LITTELL**

Mailing Address 14503 CLIFTY CT

City	State	Zip Code
TAMPA	FL	33624-2600

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

830.00

**Transaction ID : SA17.178590**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

33.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

99.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1521 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DREW LITTLEFAIR JR.**

Mailing Address 853 VIA LIDO SOUD

City	State	Zip Code
NEWPORT BEACH	CA	92663-5532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HUB INTERNATIONAL INSURANCE SERVICE**

Occupation  
**PRODUCER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160763**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARION LITTLEFAIR**

Mailing Address 24 DRAKE ST

City	State	Zip Code
NEWPORT BEACH	CA	92663-4455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161266**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARION LITTLEFAIR**

Mailing Address 24 DRAKE ST

City	State	Zip Code
NEWPORT BEACH	CA	92663-4455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165680**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

IN-KIND: CATERING

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1522 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRYAN LIU**

Mailing Address 612 BELAVIDA RD

City

MONTEREY

State

CA

Zip Code

93940-7600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NICKLAUS CLUB MONTEREY

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175749**

Date of Receipt

MM / DD / YYYY  
12 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEVEN LLANES**

Mailing Address 491 FULTON CT

City

WEST NEW YORK

State

NJ

Zip Code

07093-8327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LOWENSTEIN SANDLER LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158959**

Date of Receipt

MM / DD / YYYY  
10 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT W. LLOYD**

Mailing Address PO BOX 2412

City

DAYTONA BEACH

State

FL

Zip Code

32115-2412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LLOYD BUICK-CADILLAC, INC

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.174362**

Date of Receipt

MM / DD / YYYY  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1523 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RONALD LO RUSSO**

Mailing Address 1290 AVENUE OF THE AMERICAS

FL 8

City

NEW YORK

State

NY

Zip Code

10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CUSHMAN & WAKEFIELD

Occupation

PRESIDENT NY TRI-STATE REGION

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164403**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRIAN LOBLEY**

Mailing Address 1035 WAVERLY RD

City

GLADWYNE

State

PA

Zip Code

19035-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDEPENDENCE BLUE CROSS

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172216**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CAROLYN S. LOCKHART**

Mailing Address 5 ALDEN RD

City

GREENWICH

State

CT

Zip Code

06831-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

VOLUNTEER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170670**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1524 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ROSALIE P. LOCKHART**

Mailing Address PO BOX 7898

City	State	Zip Code
SPANISH FORT	AL	36577-7898

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.163387**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ROSALIE P. LOCKHART**

Mailing Address PO BOX 7898

City	State	Zip Code
SPANISH FORT	AL	36577-7898

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.171425**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ROSALIE P. LOCKHART**

Mailing Address PO BOX 7898

City	State	Zip Code
SPANISH FORT	AL	36577-7898

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.178792**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

75.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1525 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. CHARLES LOCKWOOD**

Mailing Address 2509 N DUNDEE ST

City	State	Zip Code
TAMPA	FL	33629-6406

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNIVERSITY OF SOUTH FLORIDA**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174139**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSEPH LOCICCHIO**

Mailing Address 6074 CAMPFIRE CIR

City	State	Zip Code
CLARKSTON	MI	48346-2297

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JLG PROPERTIES**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161964**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVEN LOEB**

Mailing Address 2241 SHIPPAN AVE

City	State	Zip Code
STAMFORD	CT	06902-8207

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CLEARY GOTTLIEB**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159064**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1526 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREAS LOJEWSKI**

Mailing Address **784 SAN LUIS**

City

**NEW BRAUNFELS**

State

**TX**

Zip Code

**78132-2895**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.162747**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREAS LOJEWSKI**

Mailing Address **784 SAN LUIS**

City

**NEW BRAUNFELS**

State

**TX**

Zip Code

**78132-2895**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.166078**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. DANA LONCAR**

Mailing Address **4260 LOWER PARK RD**

City

**ORLANDO**

State

**FL**

Zip Code

**32814-6393**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CONSENSUS COMMUNICATIONS**

Occupation

**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.157037**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2125.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1527 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRIAN W. LONG**

Mailing Address 1712 MOUNT NEBO RD

City	State	Zip Code
SEWICKLEY	PA	15143-8526

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SEUBERT & ASSOCIATES, INC.**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161341**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLES LONG**

Mailing Address 781 MANATEE CV

City	State	Zip Code
VERO BEACH	FL	32963-3730

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170367**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH LONG**

Mailing Address 2108 WHITE OAK RD

City	State	Zip Code
RALEIGH	NC	27608-1452

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.161452**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1528 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH LONG**

Mailing Address 2108 WHITE OAK RD

City	State	Zip Code
RALEIGH	NC	27608-1452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.169980**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HAMPTON HOWELL LONG**

Mailing Address 60 COOSAW RIVER DR

City	State	Zip Code
BEAUFORT	SC	29907-2321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CASWELL INVESTMENTS, LLC

Occupation  
FINANCIAL SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.176988**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HAMPTON HOWELL LONG**

Mailing Address 60 COOSAW RIVER DR

City	State	Zip Code
BEAUFORT	SC	29907-2321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CASWELL INVESTMENTS, LLC

Occupation  
FINANCIAL SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.179071**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1529 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KAREN LONG**

Mailing Address **2443 SW PINE ISLAND RD**

City	State	Zip Code
CAPE CORAL	FL	33991-1282

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SUET**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.173243**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MAURICE LONG**

Mailing Address **844 LINDGREN BLVD**

City	State	Zip Code
SANIBEL	FL	33957-4804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE MIL CORPORATION**

Occupation  
**EXEC MGT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.167397**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MAURICE LONG**

Mailing Address **844 LINDGREN BLVD**

City	State	Zip Code
SANIBEL	FL	33957-4804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE MIL CORPORATION**

Occupation  
**EXEC MGT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.176740**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1530 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAURICE LONG**

Mailing Address **844 LINDGREN BLVD**

City  
**SANIBEL**

State  
**FL**

Zip Code  
**33957-4804**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE MIL CORPORATION**

Occupation  
**EXEC MGT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.180564**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT LONG**

Mailing Address **2443 SW PINE ISLAND RD**

City  
**CAPE CORAL**

State  
**FL**

Zip Code  
**33991-1282**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SUET**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.173242**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LINDA AIDE LONGORIA**

Mailing Address **5232 RUSTIC MANOR DR**

City  
**BROWNSVILLE**

State  
**TX**

Zip Code  
**78526-3925**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

**Transaction ID : SA17.158214**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2300.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EMMANUEL LOO**

Mailing Address **14000 THE LAKES BLVD**  
**APT 1016**

City **PFLUGERVILLE** State **TX** Zip Code **78660-3745**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**510.00**

**Transaction ID : SA17.159954**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DENNIS LOPERFIDO**

Mailing Address **10 E GILFILLAN RD**

City **NORTH OAKS** State **MN** Zip Code **55127-2532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE TRAVELERS COMPANIES, INC.**

Occupation  
**ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.167461**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GINGER LOPER**

Mailing Address **4551 32ND RD N**

City **ARLINGTON** State **VA** Zip Code **22207-4466**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164617**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4410.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1532 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES F. LOPER**

Mailing Address 5707 MELSHIRE DR

City	State	Zip Code
DALLAS	TX	75230-2115

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D.E.C

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159013**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES F. LOPER**

Mailing Address 5707 MELSHIRE DR

City	State	Zip Code
DALLAS	TX	75230-2115

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
D.E.C

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159013B**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. PAULA LOPER**

Mailing Address 5707 MELSHIRE DR

City	State	Zip Code
DALLAS	TX	75230-2115

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159281**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1533 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANA MARIA LOPEZ**

Mailing Address **9452 SW 124TH TER**

City	State	Zip Code
MIAMI	FL	33176-5061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAMILO OFFICE FURNITURE, INC.**

Occupation  
**PARTNER/OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.160014**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**750.00**

☐ Memo Item

**IN-KIND: OFFICE FURNITURE**

**B. Full Name (Last, First, Middle Initial)**

**MR. CHRISTOPHER M. LOPEZ**

Mailing Address **3833 CUMMINS ST**  
**APT 1451**

City	State	Zip Code
HOUSTON	TX	77027-5875

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.163312**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ENRIQUE LOPEZ**

Mailing Address **6911 MAIN ST**  
**APT 106**

City	State	Zip Code
MIAMI LAKES	FL	33014-7000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AKL GROUP, INC.**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.174399**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1534 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ILIANA MARIA LOPEZ**

Mailing Address 3901 E BROADWAY BLVD

City	State	Zip Code
TUCSON	AZ	85711-3452

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PRISM MANAGEMENT**

Occupation  
**CLERK**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162097**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. IOVANNA C. LOPEZ**

Mailing Address 3901 E BROADWAY BLVD

City	State	Zip Code
TUCSON	AZ	85711-3452

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162098**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAIDA MARGARITA LOPEZ**

Mailing Address 191 WINTHROP RD  
APT 3

City	State	Zip Code
BROOKLINE	MA	02445-4458

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PABIAN & RUSSELL**

Occupation  
**PARALEGAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.168610**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1535 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. BRENDA K. LOPICCOLO**

Mailing Address 21056 SMITH RD

City	State	Zip Code
COVINGTON	LA	70435-6344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163183**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**KAITLIN LOPICCOLO**

Mailing Address 442 E 18TH ST

City	State	Zip Code
COSTA MESA	CA	92627-3160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160754**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH LOPICCOLO**

Mailing Address 21056 SMITH RD

City	State	Zip Code
COVINGTON	LA	70435-6344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163184**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1536 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RYAN LOPICCOLO**

Mailing Address **442 E 18TH ST**

City	State	Zip Code
<b>COSTA MESA</b>	<b>CA</b>	<b>92627-3160</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PIE-NOT LLC**

Occupation  
**RESTAURANTEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160755**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM P. LORD**

Mailing Address **20 GIFFIN ST**

City	State	Zip Code
<b>KEENE</b>	<b>NH</b>	<b>03431-2018</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171687**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ELYNOR S. LORENZ**

Mailing Address **510 FLEETWOOD DR**

City	State	Zip Code
<b>MODESTO</b>	<b>CA</b>	<b>95350-2218</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.168213**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1537 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**REBECCA LORRAINE**

Mailing Address **154 KIMBERWICK CT**

City	State	Zip Code
AIKEN	SC	29803-6970

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.165340**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**REBECCA LORRAINE**

Mailing Address **154 KIMBERWICK CT**

City	State	Zip Code
AIKEN	SC	29803-6970

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.176987**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LESLIE JEAN LOTT**

Mailing Address **3515 ANDERSON RD**

City	State	Zip Code
CORAL GABLES	FL	33134-7050

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LOTT & FISCHER**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162062**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1538 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LESLIE JEAN LOTT**

Mailing Address 3515 ANDERSON RD

City	State	Zip Code
CORAL GABLES	FL	33134-7050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOTT & FISCHER

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162062B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL MOORE**

Mailing Address 3515 ANDERSON RD

City	State	Zip Code
CORAL GABLES	FL	33134-7050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MOORE & CO.

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.162351**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**BENJAMIN LOTZER**

Mailing Address 4240 SKILLMAN ST

City	State	Zip Code
DALLAS	TX	75206-5434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP & ASSOCIATES

Occupation  
REALTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168588**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1539 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN LOUX**

Mailing Address **7726 29TH AVE NE**

City	State	Zip Code
SEATTLE	WA	98115-4616

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.167233**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DARLENE S. LOVELACE**

Mailing Address **1328 HIDEAWAY DR S**

City	State	Zip Code
SAINT JOHNS	FL	32259-2986

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.170661**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD M. LOVELACE**

Mailing Address **1328 HIDEAWAY DR S**

City	State	Zip Code
SAINT JOHNS	FL	32259-2986

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STELLAR GROUP INC.**

Occupation  
**CONSTRUCTION**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.170680**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1540 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. BRANDY J. LOWE**

Mailing Address 3130 WASHINGTON RD

City	State	Zip Code
WEST PALM BEACH	FL	33405-1645

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOWARD LEACH**

Occupation  
**MANAGING MEMBER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158885**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATHERINE LOWE**

Mailing Address 7816 MEADOW PARK DR  
APT 217

City	State	Zip Code
DALLAS	TX	75230-4935

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168331**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY K. LOWE**

Mailing Address 2446 S VAUGHN WAY  
APT F

City	State	Zip Code
AURORA	CO	80014-2077

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.160159**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1541 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARY RALPH LOWE**

Mailing Address 800 RIVERCREST DR

City

FORT WORTH

State

TX

Zip Code

76107-1538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

OIL, GAS & RANCHING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162053**

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SHELDON LOWE**

Mailing Address 95 JULE POND DR

City

SOUTHAMPTON

State

NY

Zip Code

11968-3075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174391**

Date of Receipt

MM / DD / YYYY  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN J. LOWELL JR.**

Mailing Address 185 W SUNRISE AVE

City

CORAL GABLES

State

FL

Zip Code

33133-6909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LOLLIERS

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173482**

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1542 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CLAY LOWERY**

Mailing Address 1915 N INGLEWOOD ST

City	State	Zip Code
ARLINGTON	VA	22205-3004

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ROCK CREEK GLOBAL ADVISORS**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.177373**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

600.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN J. LOWNY**

Mailing Address 3948 WHITE PINE DR

City	State	Zip Code
DEWITT	MI	48820-9263

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FOSTER, SWIFT, COLLINS & SMITH PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168203**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAN LOWRANCE**

Mailing Address 2008 FOUR OAKS LN

City	State	Zip Code
FORT WORTH	TX	76107-3614

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166330**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1543 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAN LOWRANCE**

Mailing Address 2008 FOUR OAKS LN

City	State	Zip Code
FORT WORTH	TX	76107-3614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.176506**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM LOYD**

Mailing Address 2233 HYLAEA RD

City	State	Zip Code
TUCKER	GA	30084-4312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

**Transaction ID : SA17.160887**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM LOYD**

Mailing Address 2233 HYLAEA RD

City	State	Zip Code
TUCKER	GA	30084-4312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

**Transaction ID : SA17.167042**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

610.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1544 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**WILLIAM LOYD**

Mailing Address 2233 HYLAEA RD

City

TUCKER

State

GA

Zip Code

30084-4312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

**Transaction ID : SA17.167043**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**WILLIAM LOYD**

Mailing Address 2233 HYLAEA RD

City

TUCKER

State

GA

Zip Code

30084-4312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

**Transaction ID : SA17.171523**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**WILLIAM LOYD**

Mailing Address 2233 HYLAEA RD

City

TUCKER

State

GA

Zip Code

30084-4312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

**Transaction ID : SA17.172134**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

250.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1545 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JORGE G. LOZANO**

Mailing Address 3523 WOODBURN RD

City	State	Zip Code
ANNANDALE	VA	22003-1374

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CONDORTECH SERVICES, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175710**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ART LUCAS**

Mailing Address 301 SEA ISLAND RD  
STE 6

City	State	Zip Code
SAINT SIMONS ISLAND	GA	31522-1893

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE INVESTMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158400**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☐ Memo Item

**CHARGED BACK**

**C. Full Name (Last, First, Middle Initial)**

**MR. JEROME LUCAS**

Mailing Address 87 WHITE HILL RD

City	State	Zip Code
COLD SPRING HARBOR	NY	11724-1108

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SUMMIT TRAIL ADVISORS

Occupation  
PRIVATE WEALTH ADVISORY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169887**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1546 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VIRGINIA LUCAS**

Mailing Address **87 WHITE HILL RD**

City	State	Zip Code
<b>COLD SPRING HARBOR</b>	<b>NY</b>	<b>11724-1108</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172701**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ALICE LUCIA-JACKSON**

Mailing Address **715 BAYSHORE DR**  
**APT 1001**

City	State	Zip Code
<b>FORT LAUDERDALE</b>	<b>FL</b>	<b>33304-3991</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JONES LANG LASALLE**

Occupation  
**COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158236**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT P. LUCIANO**

Mailing Address **3030 SAVANNAH PL**

City	State	Zip Code
<b>VERO BEACH</b>	<b>FL</b>	<b>32963-4763</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.168040**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1547 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT P. LUCIANO**

Mailing Address 3030 SAVANNAH PL

City

VERO BEACH

State

FL

Zip Code

32963-4763

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.175291**

Date of Receipt

**12 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SEBASTIAN FRANK LUCIDO**

Mailing Address 740 N OXFORD RD

City

GROSSE POINTE WOODS

State

MI

Zip Code

48236-1850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GLOBAL PARTS

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161364**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KENNETH E. LUCKOW**

Mailing Address 1713 W 7TH ST

APT 5

City

FREDERICK

State

MD

Zip Code

21702-4284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170877**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1548 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD L. LUEBKE**

Mailing Address 6500 N SAINT ANDREWS DR

City	State	Zip Code
TUCSON	AZ	85718-2616

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PIMA MEDICAL INSTITUTE**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161519**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN LUGANO**

Mailing Address 150 E 52ND ST  
STE 2301

City	State	Zip Code
NEW YORK	NY	10022-6248

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LPS PARTNERS**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.148031**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN LUGANO**

Mailing Address 150 E 52ND ST  
STE 2301

City	State	Zip Code
NEW YORK	NY	10022-6248

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LPS PARTNERS**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.148031B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1549 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN LUGANO**

Mailing Address **150 E 52ND ST**  
**STE 2301**

City **NEW YORK** State **NY** Zip Code **10022-6248**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LPS PARTNERS**

Occupation  
**PARTNER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.165473**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MS. ESTEFANIA LUGARES**

Mailing Address **5122 NW 79TH AVE**  
**APT 102**

City **DORAL** State **FL** Zip Code **33166-4720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**YODER & OHANIAN**

Occupation  
**PARALEGAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.169817**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS LUGLIO**

Mailing Address **96 5TH ST**

City **GARDEN CITY** State **NY** Zip Code **11530-4410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BARCLAYS**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159369**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1550 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AMY LUMET**

Mailing Address **447 N DOHENY DR**  
**APT 205**

City **BEVERLY HILLS** State **CA** Zip Code **90210-3999**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FILM/MULTIMEDIA PRODUCER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173583**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LISA LUMLEY**

Mailing Address **5104 ARBOR MILL DR**

City **FORT WORTH** State **TX** Zip Code **76135-9645**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SHANNON, GRACEY**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168633**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD S. LUND**

Mailing Address **114 E ELM ST**  
**UNIT 2**

City **GREENWICH** State **CT** Zip Code **06830-6639**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WHISPERWOOD CONSULTING, LLC**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.177399**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1551 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID LUNDQUIST**

Mailing Address 6277 N OCEAN BLVD

City	State	Zip Code
OCEAN RIDGE	FL	33435-5211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161489**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID LUNDQUIST**

Mailing Address 6277 N OCEAN BLVD

City	State	Zip Code
OCEAN RIDGE	FL	33435-5211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169981**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID LUNDQUIST**

Mailing Address 6277 N OCEAN BLVD

City	State	Zip Code
OCEAN RIDGE	FL	33435-5211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179553**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1552 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN LUNDY**

Mailing Address 458 GREENWOOD LN

City

RIDGELAND

State

MS

Zip Code

39157-4000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CAPITOL RESOURCES

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163201**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RANDALL B. LUTHI**

Mailing Address 3006 COUNTY ROAD 114

City

FREEDOM

State

WY

Zip Code

83120-8838

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NOIA

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.181142**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT N. LUTTER**

Mailing Address 17637 BRIDGEWAY DR

City

CHESTERFIELD

State

MO

Zip Code

63005-4219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THE BOEING COMPANY

Occupation

ENGINEERING MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.160609**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1553 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL BRADY LYNCH**

Mailing Address 1550 7TH ST NW

City	State	Zip Code
WASHINGTON	DC	20001-3257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US DEPT OF TRANSPORTATION

Occupation  
POLICY ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.163246**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL BRADY LYNCH**

Mailing Address 1550 7TH ST NW

City	State	Zip Code
WASHINGTON	DC	20001-3257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US DEPT OF TRANSPORTATION

Occupation  
POLICY ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.173600**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT P. LYNN**

Mailing Address 6 RICHARD LN

City	State	Zip Code
HUNTINGTON	NY	11743-2354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LYNN GARTNER DUNNE & COVELLO LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164370**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3050.00

**Total This Period** (last page this line number only) .....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1554 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MS. MARY LAN MA**

Mailing Address 1417 SAINT ALBANS RD

City	State	Zip Code
SAN MARINO	CA	91108-1862

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**FMF INVESTMENTS, INC.**Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177417**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****CARLOS MAAS**

Mailing Address 1775 CITRON ST

City	State	Zip Code
PORT CHARLOTTE	FL	33980-2352

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**PULMONARY SLEEP AND CRITICAL  
CARE SPEC**Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170716**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****MRS. JILL N. MACDONALD**

Mailing Address 1503 NW BUTTONBUSH CIR

City	State	Zip Code
PALM CITY	FL	34990-8080

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.157868**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1555 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JILL N. MACDONALD**

Mailing Address 1503 NW BUTTONBUSH CIR

City	State	Zip Code
PALM CITY	FL	34990-8080

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.172334**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JILL N. MACDONALD**

Mailing Address 1503 NW BUTTONBUSH CIR

City	State	Zip Code
PALM CITY	FL	34990-8080

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.175522**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JILL N. MACDONALD**

Mailing Address 1503 NW BUTTONBUSH CIR

City	State	Zip Code
PALM CITY	FL	34990-8080

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.176738**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1556 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JILL N. MACDONALD**

Mailing Address 1503 NW BUTTONBUSH CIR

City	State	Zip Code
PALM CITY	FL	34990-8080

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.179164**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RALPH MACDONALD**

Mailing Address 995 DUMBARTON CT NW

City	State	Zip Code
ATLANTA	GA	30327-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JONES DAY

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162452**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RENEE MACDOUGALL**

Mailing Address 6 THORN ST

City	State	Zip Code
SEWICKLEY	PA	15143-1202

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COLONIAL TITLE LLC

Occupation  
MANAGING MEMBER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158981**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1557 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LILLIAM MACHADO**

Mailing Address **1 GROVE ISLE DR**  
**APT 1210**

City	State	Zip Code
MIAMI	FL	33133-4107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3250.00**

**Transaction ID : SA17.162049**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LILLIAM MACHADO**

Mailing Address **1 GROVE ISLE DR**  
**APT 1210**

City	State	Zip Code
MIAMI	FL	33133-4107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3250.00**

**Transaction ID : SA17.162049B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-500.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MRS. LILLIAM MACHADO**

Mailing Address **1 GROVE ISLE DR**  
**APT 1210**

City	State	Zip Code
MIAMI	FL	33133-4107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3250.00**

**Transaction ID : SA17.165474**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

**500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1558 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EDWARD MACHIR**

Mailing Address 3400 P ST NW

City  
WASHINGTON

State Zip Code  
DC 20007-2705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GEORGETOWN UNIVERSITY

Occupation  
PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161908**

Date of Receipt

M M / D D / Y Y Y Y  
10 21 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SERGIO MACIA**

Mailing Address 747 PONCE DE LEON BLVD. #410

City  
CORAL GABLES

State Zip Code  
FL 33134-2073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRUST GROUP INC.

Occupation  
R.E. BROKER/INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.168804**

Date of Receipt

M M / D D / Y Y Y Y  
11 10 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SERGIO MACIA**

Mailing Address 747 PONCE DE LEON BLVD. #410

City  
CORAL GABLES

State Zip Code  
FL 33134-2073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRUST GROUP INC.

Occupation  
R.E. BROKER/INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.176152**

Date of Receipt

M M / D D / Y Y Y Y  
12 15 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1559 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**SENATOR CONNIE MACK III**

Mailing Address PO BOX 3729

City	State	Zip Code
PLACIDA	FL	33946-3729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.166582**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. DONALD S. MACKENZIE**

Mailing Address 401 S OLD WOODWARD AVE  
STE 340

City	State	Zip Code
BIRMINGHAM	MI	48009-6621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONWAY MACKENZIE

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161333**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ANDREW MACKINTOSH**

Mailing Address 3109 BRIARWOOD DR

City	State	Zip Code
TALLAHASSEE	FL	32308-0503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLORIDA SENATE

Occupation  
POLICY ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158057**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5450.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1560 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK J. MACKRELL**

Mailing Address 35 YORKSHIRE LN

City	State	Zip Code
DELMAR	NY	12054-1330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NYBDC

Occupation  
SMALL BUSINESS LENDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.159382**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICK J. MACKRELL**

Mailing Address 35 YORKSHIRE LN

City	State	Zip Code
DELMAR	NY	12054-1330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NYBDC

Occupation  
SMALL BUSINESS LENDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.168376**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICK J. MACKRELL**

Mailing Address 35 YORKSHIRE LN

City	State	Zip Code
DELMAR	NY	12054-1330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NYBDC

Occupation  
SMALL BUSINESS LENDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.176406**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1561 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. WHITNEY MACMILLAN**

Mailing Address 1050 BEACH RD  
APT 1H

City State Zip Code  
VERO BEACH FL 32963-3413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157857**

Date of Receipt

M M / D D / Y Y Y Y  
10 09 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**COURTENAY E. MACOMBER**

Mailing Address 165 GREENWOOD WAY

City State Zip Code  
MILL VALLEY CA 94941-1187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175020**

Date of Receipt

M M / D D / Y Y Y Y  
12 11 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. EMMA MACTAGGART**

Mailing Address 25 LINDSAY DR

City State Zip Code  
GREENWICH CT 06830-3402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.159631**

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1562 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**IAN MACTAGGART**

Mailing Address 25 LINDSAY DR

City

GREENWICH

State

CT

Zip Code

06830-3402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BRYNWOOD PARTNERS

Occupation

PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159625**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KELLI MACTAGGART**

Mailing Address 25 LINDSAY DR

City

GREENWICH

State

CT

Zip Code

06830-3402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.159630**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LAUREN M. MADDOX**

Mailing Address 913 SAINT STEPHENS RD

City

ALEXANDRIA

State

VA

Zip Code

22304-1724

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PODESTA GROUP

Occupation

LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174415**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1563 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSE MADRID**

Mailing Address **2744 THUNDER BAY AVE**

City

**HENDERSON**

State

**NV**

Zip Code

**89052-7001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.163959**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSE MADRID**

Mailing Address **2744 THUNDER BAY AVE**

City

**HENDERSON**

State

**NV**

Zip Code

**89052-7001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171581**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSE MADRID**

Mailing Address **2744 THUNDER BAY AVE**

City

**HENDERSON**

State

**NV**

Zip Code

**89052-7001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.178838**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1564 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAMIEN FRANCIS MADSEN**

Mailing Address 1570 BRYAN AVE

City

WINTER PARK

State

FL

Zip Code

32789-3953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181152**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN MADSEN**

Mailing Address 266 CAUSEWAY

City

LAWRENCE

State

NY

Zip Code

11559-2136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.161989**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN MADSEN**

Mailing Address 266 CAUSEWAY

City

LAWRENCE

State

NY

Zip Code

11559-2136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.165196**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2825.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1565 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN MADSEN**

Mailing Address 266 CAUSEWAY

City  
LAWRENCE

State Zip Code  
NY 11559-2136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.172195**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PAUL H. MAENNER**

Mailing Address 5432 WOODCREST DR

City  
EDINA

State Zip Code  
MN 55424-1648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAENNER PROPERTIES, INC.

Occupation  
COMMERCIAL REAL ESTATE  
DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173543**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM MAEROV**

Mailing Address 511 CANTITOE ST

City  
BEDFORD

State Zip Code  
NY 10506-1106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

577.00

**Transaction ID : SA17.173652**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1566 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DON MAFRIGE**

Mailing Address **4800 SEAWALL BLVD**  
**OFC**

City **GALVESTON** State **TX** Zip Code **77551-7904**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.159926**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DON MAFRIGE**

Mailing Address **4800 SEAWALL BLVD**  
**OFC**

City **GALVESTON** State **TX** Zip Code **77551-7904**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

**Transaction ID : SA17.177016**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. WOLFREDO MAGARINO M.D.**

Mailing Address **1705 LAKELAND HILLS BLVD**  
**SUITE #1**

City **LAKELAND** State **FL** Zip Code **33805-3001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**M.D.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**475.00**

**Transaction ID : SA17.156499**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**225.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1567 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. RUTH K. MAGEE**

Mailing Address PO BOX 16135

City

PANAMA CITY

State

FL

Zip Code

32406-6135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TEAMMORE, LLC

Occupation

PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172309**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEFF MAGGARD**

Mailing Address 8 OAK LN

City

LARCHMONT

State

NY

Zip Code

10538-3917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173198**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ANTONIO MAHFOUD**

Mailing Address 3746 CATHEDRAL OAKS PL S

City

JACKSONVILLE

State

FL

Zip Code

32217-4208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

EISMAN & RUSSO, INC.

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170663**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1568 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM MAHLER**

Mailing Address 2015 E GLENDALE AVE

City	State	Zip Code
MILWAUKEE	WI	53211-1240

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ROBERT W. BAIRD & CO.**

Occupation  
**INVESTMENT BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159157**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HUNG T. MAI**

Mailing Address 4325 BEAU RIVAGE CIR

City	State	Zip Code
LUTZ	FL	33558-5353

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TONO CENTER LLC**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158568**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY R. MAIN**

Mailing Address 930 PARK AVE  
# 12N

City	State	Zip Code
NEW YORK	NY	10028-0209

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EVERCORE**

Occupation  
**INVESTMENT BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173552**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1569 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JENNIFER J. MAJKA**

Mailing Address 153 ESTHER DR

City

COCOA BEACH

State

FL

Zip Code

32931-3210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173111**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAL MAKAR**

Mailing Address 3550 140TH AVE NE

City

BELLEVUE

State

WA

Zip Code

98005-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168187**

Date of Receipt

MM / DD / YYYY  
11 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ANTONIO J. MALAVE VILLARROEL**

Mailing Address 17121 COLLINS AVE

APT 1104

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160-4342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

107 AVE DORAL PROPERTIES

Occupation

MANAGER

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.169814**

Date of Receipt

MM / DD / YYYY  
11 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1570 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN MALEY**

Mailing Address PO BOX 681010

City

INDIANAPOLIS

State

IN

Zip Code

46268-7010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARNES & THORNBURG

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.166244**

Date of Receipt

MM / DD / YYYY  
11 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN MALEY**

Mailing Address PO BOX 681010

City

INDIANAPOLIS

State

IN

Zip Code

46268-7010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARNES & THORNBURG

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.169269**

Date of Receipt

MM / DD / YYYY  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN MALEY**

Mailing Address PO BOX 681010

City

INDIANAPOLIS

State

IN

Zip Code

46268-7010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARNES & THORNBURG

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.171961**

Date of Receipt

MM / DD / YYYY  
11 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1571 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN MALEY**

Mailing Address **PO BOX 681010**

City

**INDIANAPOLIS**

State

**IN**

Zip Code

**46268-7010**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BARNES & THORNBURG**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.179036**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KURT MALMGREN**

Mailing Address **817 VIRGINIA BEACH BLVD  
SUITE 101**

City

**VIRGINIA BEACH**

State

**VA**

Zip Code

**23451-4208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MALMGREN & ASSOCIATES, LTD.**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**525.00**

**Transaction ID : SA17.159429**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN MALONEY**

Mailing Address **1766 SHIPPAN AVE**

City

**STAMFORD**

State

**CT**

Zip Code

**06902-8105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ASSURETEC TECHNOLOGIES**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.165821**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1572 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN MALONEY**

Mailing Address **1766 SHIPPAN AVE**

City

**STAMFORD**

State

**CT**

Zip Code

**06902-8105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ASSURETEC TECHNOLOGIES**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.170120**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN MALONEY**

Mailing Address **1766 SHIPPAN AVE**

City

**STAMFORD**

State

**CT**

Zip Code

**06902-8105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ASSURETEC TECHNOLOGIES**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.171925**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN MALONEY**

Mailing Address **1766 SHIPPAN AVE**

City

**STAMFORD**

State

**CT**

Zip Code

**06902-8105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ASSURETEC TECHNOLOGIES**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173707**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1573 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN MALONEY**

Mailing Address **1766 SHIPPAN AVE**

City  
**STAMFORD**

State  
**CT**

Zip Code  
**06902-8105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ASSURETEC TECHNOLOGIES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.179067**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CMSGT. WILLIAM M. MALONEY USAF (RET)**

Mailing Address **19678 STATE HIGHWAY 37**

City  
**CASSVILLE**

State  
**MO**

Zip Code  
**65625-6557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**240.00**

**Transaction ID : SA17.158796**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CMSGT. WILLIAM M. MALONEY USAF (RET)**

Mailing Address **19678 STATE HIGHWAY 37**

City  
**CASSVILLE**

State  
**MO**

Zip Code  
**65625-6557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**240.00**

**Transaction ID : SA17.172369**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**80.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**205.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1574 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY MALTESE JR.**

Mailing Address 9 E SADDLE RIVER RD

City

SADDLE RIVER

State

NJ

Zip Code

07458-3204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUNBRITE DYE COMPANY

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4700.00

**Transaction ID : SA17.177428**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

REFUNDED \$2,000.00 ON 01/05/2016

**B. Full Name (Last, First, Middle Initial)**

**BILL MALUGEN**

Mailing Address 20 WHITE PINE LN

City

WEST HARTFORD

State

CT

Zip Code

06107-1321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TRAVELERS

Occupation

EXECUTIVE V. P.

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158039**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. JAMES MAMMEL M.D.**

Mailing Address 2515 LAUREL GLEN DR

City

LAKELAND

State

FL

Zip Code

33803-5477

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THE WATSON CLINIC LLP

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.160213**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3010.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1575 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEANIE MAMO**

Mailing Address **2122 MASSACHUSETTS AVE NW**  
**APT 408**

City **WASHINGTON** State **DC** Zip Code **20008-2828**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173588**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAY MANCHI**

Mailing Address **FLAT E13 SLOANE AVENUE MANSIONS**  
**SLOANE AVENUE**

City **LONDON SW3 3** State **FF** Zip Code **99999-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROTHSCHILD**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.165351**

Date of Receipt

**11 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEVON MANELSKI**

Mailing Address **7710 HAZARD CENTER DR**

City **SAN DIEGO** State **CA** Zip Code **92108-4550**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MARCHTEN**

Occupation  
**IT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**206.00**

**Transaction ID : SA17.169546**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1251.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1576 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEVON MANELSKI**

Mailing Address 7710 HAZARD CENTER DR

City

SAN DIEGO

State

CA

Zip Code

92108-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARCHTEN

Occupation

IT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.00

**Transaction ID : SA17.172449**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEVON MANELSKI**

Mailing Address 7710 HAZARD CENTER DR

City

SAN DIEGO

State

CA

Zip Code

92108-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARCHTEN

Occupation

IT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.00

**Transaction ID : SA17.177990**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEVON MANELSKI**

Mailing Address 7710 HAZARD CENTER DR

City

SAN DIEGO

State

CA

Zip Code

92108-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARCHTEN

Occupation

IT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.00

**Transaction ID : SA17.179965**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

205.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1577 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RIBA-RIBA BIN MANENO**

Mailing Address **2781 N GARLAND AVE**  
**APT 70**

City	State	Zip Code
<b>GARLAND</b>	<b>TX</b>	<b>75040-1921</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ESTORELAB, INC**

Occupation  
**MANAGING DIRECTOR/OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.168327**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PAUL MANGO**

Mailing Address **116 SNOWBERRY LN**

City	State	Zip Code
<b>GIBSONIA</b>	<b>PA</b>	<b>15044-6090</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MCKINSEY & COMPANY**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.152774**

Date of Receipt

**09 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PAUL MANGO**

Mailing Address **116 SNOWBERRY LN**

City	State	Zip Code
<b>GIBSONIA</b>	<b>PA</b>	<b>15044-6090</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MCKINSEY & COMPANY**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.152774B**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**1000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1578 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL MANGO**

Mailing Address 116 SNOWBERRY LN

City	State	Zip Code
GIBSONIA	PA	15044-6090

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MCKINSEY & COMPANY**

Occupation  
**CONSULTANT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.168685**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. ELLIS W. MANNING JR.**

Mailing Address 300 DEER VALLEY RD  
APT 1

City	State	Zip Code
SAN RAFAEL	CA	94903-5511

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

**Transaction ID : SA17.181639**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK A. MANNING**

Mailing Address 809 TURTLE BEND DR

City	State	Zip Code
KILLEEN	TX	76542-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TIME WARNER CABLE MEDIA**

Occupation  
**MEDIA SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17.165390**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1579 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK A. MANNING**

Mailing Address 809 TURTLE BEND DR

City	State	Zip Code
KILLEEN	TX	76542-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TIME WARNER CABLE MEDIA**

Occupation  
**MEDIA SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17.166509**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK A. MANNING**

Mailing Address 809 TURTLE BEND DR

City	State	Zip Code
KILLEEN	TX	76542-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TIME WARNER CABLE MEDIA**

Occupation  
**MEDIA SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17.166958**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK A. MANNING**

Mailing Address 809 TURTLE BEND DR

City	State	Zip Code
KILLEEN	TX	76542-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TIME WARNER CABLE MEDIA**

Occupation  
**MEDIA SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17.173249**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1580 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK A. MANNING**

Mailing Address 809 TURTLE BEND DR

City	State	Zip Code
KILLEEN	TX	76542-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TIME WARNER CABLE MEDIA**

Occupation  
**MEDIA SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17.178324**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK A. MANNING**

Mailing Address 809 TURTLE BEND DR

City	State	Zip Code
KILLEEN	TX	76542-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TIME WARNER CABLE MEDIA**

Occupation  
**MEDIA SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17.180780**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RALPH F. MANNING**

Mailing Address 1501 TORREY PINE DR

City	State	Zip Code
MARS	PA	16046-2633

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TUCKER ARENSBERG PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166387**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1075.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1581 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAMON MANNING**

Mailing Address 4340 S MACGREGOR WAY

City	State	Zip Code
HOUSTON	TX	77021-1611

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PARTNERS ENERGY**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.163191**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SAM BLAGDEN MANNING**

Mailing Address 3401 LEE PKWY  
APT 601

City	State	Zip Code
DALLAS	TX	75219-5220

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166361**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. YORELL MANON-MATOS**

Mailing Address 2217 PATTERSON AVE

City	State	Zip Code
LOUISVILLE	KY	40204-2320

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KLIENER KUTZ HAND CENTER**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.166150**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1582 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FRANCISCO MANRIQUE**

Mailing Address 5307 NW 113TH PL

City	State	Zip Code
DORAL	FL	33178-3505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161295**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK MANSOUR**

Mailing Address 2610 NE 40TH ST

City	State	Zip Code
FORT LAUDERDALE	FL	33308-5737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
SELF-EMPLOYED	SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158226**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JESSE O. MANZANO**

Mailing Address PO BOX 348068

City	State	Zip Code
CORAL GABLES	FL	33234-8068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
LSN PARTNERS	CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.159321**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1583 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN MARA**

Mailing Address **149 BROAD BROOK RD**

City	State	Zip Code
<b>BEDFORD HILLS</b>	<b>NY</b>	<b>10507-2235</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.157306**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ELIAS MARCOVICI**

Mailing Address **109 E HAMILTON AVE**

City	State	Zip Code
<b>ENGLEWOOD</b>	<b>NJ</b>	<b>07631-3014</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLAKE PARTNERS LLC**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159365**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. NANCY CAIN MARCUS**

Mailing Address **6801 TURTLE CREEK BLVD**

City	State	Zip Code
<b>DALLAS</b>	<b>TX</b>	<b>75205-1249</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAIN CAPITAL, LLC & SMU**

Occupation  
**INVESTOR, ADJUNCT PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.164592**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1584 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. NANCY CAIN MARCUS**

Mailing Address **6801 TURTLE CREEK BLVD**

City	State	Zip Code
DALLAS	TX	75205-1249

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CAIN CAPITAL, LLC & SMU**

Occupation  
**INVESTOR, ADJUNCT PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.164592B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MS. NANCY CAIN MARCUS**

Mailing Address **6801 TURTLE CREEK BLVD**

City	State	Zip Code
DALLAS	TX	75205-1249

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CAIN CAPITAL, LLC & SMU**

Occupation  
**INVESTOR, ADJUNCT PROFESSOR**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.170483**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN MARCUS**

Mailing Address **100 E WISCONSIN AVE**  
**STE 1900**

City	State	Zip Code
MILWAUKEE	WI	53202-4132

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARCUS CORPORATION**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174094**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1585 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID MARDIGIAN**

Mailing Address 35980 WOODWARD AVE  
STE 210

City State Zip Code  
BLOOMFIELD HILLS MI 48304-0934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MGM MANAGEMENT CORP.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163091**

Date of Receipt

M M / D D / Y Y Y Y  
10 26 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT MARDIGIAN**

Mailing Address 35980 WOODWARD AVE  
STE 210

City State Zip Code  
BLOOMFIELD HILLS MI 48304-0934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCM MANAGEMENT CORP

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163090**

Date of Receipt

M M / D D / Y Y Y Y  
10 26 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALAN MARGOLIN**

Mailing Address 29 CHURCH LN

City State Zip Code  
SCARSDALE NY 10583-2909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176945**

Date of Receipt

M M / D D / Y Y Y Y  
12 16 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1586 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN DOUGLAS MARINER**

Mailing Address **845 UNITED NATIONS PLZ**  
**APT 9D**

City **NEW YORK** State **NY** Zip Code **10017-3522**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MLB**

Occupation  
**CHIEF OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158245**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. ROSARIO MARIN**

Mailing Address **2905 HOPE STREET**

City **HUNTINGTON PARK** State **CA** Zip Code **90255-6203**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MARIN & MARIN**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.178071**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANNE W. MARION**

Mailing Address **801 CHERRY ST**  
**UNIT 9**

City **FORT WORTH** State **TX** Zip Code **76102-6881**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OIL, GAS, INVESTMENTS, RANCHING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.169465**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1587 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ANNE W. MARION**

Mailing Address 801 CHERRY ST  
UNIT 9

City State Zip Code  
FORT WORTH TX 76102-6881

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL, GAS, INVESTMENTS, RANCHING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.169465B**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MRS. ANNE W. MARION**

Mailing Address 801 CHERRY ST  
UNIT 9

City State Zip Code  
FORT WORTH TX 76102-6881

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL, GAS, INVESTMENTS, RANCHING

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174099**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item  
REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN L. MARION**

Mailing Address 801 CHERRY ST  
UNIT 9

City State Zip Code  
FORT WORTH TX 76102-6881

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.169463**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1588 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN L. MARION**

Mailing Address **801 CHERRY ST**  
**UNIT 9**

City State Zip Code  
**FORT WORTH TX 76102-6881**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.169463B**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN L. MARION**

Mailing Address **801 CHERRY ST**  
**UNIT 9**

City State Zip Code  
**FORT WORTH TX 76102-6881**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.174100**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**SUZANNE MARISA**

Mailing Address **403 E MONROE AVE**

City State Zip Code  
**ALEXANDRIA VA 22301-1624**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRANSURBAN**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.168339**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**500.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1589 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DANIEL MARKEY**

Mailing Address **145 S LIVERNOIS RD**  
**# 313**

City **ROCHESTER HILLS** State **MI** Zip Code **48307-1837**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UHY LLP**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161955**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GEORGE DONALD MARKLE**

Mailing Address **4010 UNIVERSITY DR**

City **FAIRFAX** State **VA** Zip Code **22030-6805**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**676.00**

**Transaction ID : SA17.160520**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE DONALD MARKLE**

Mailing Address **4010 UNIVERSITY DR**

City **FAIRFAX** State **VA** Zip Code **22030-6805**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**676.00**

**Transaction ID : SA17.164272**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2775.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1590 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEORGE DONALD MARKLE**

Mailing Address 4010 UNIVERSITY DR

City	State	Zip Code
FAIRFAX	VA	22030-6805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

676.00

**Transaction ID : SA17.166301**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GEORGE DONALD MARKLE**

Mailing Address 4010 UNIVERSITY DR

City	State	Zip Code
FAIRFAX	VA	22030-6805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

676.00

**Transaction ID : SA17.168133**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE DONALD MARKLE**

Mailing Address 4010 UNIVERSITY DR

City	State	Zip Code
FAIRFAX	VA	22030-6805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

676.00

**Transaction ID : SA17.168137**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

126.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1591 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEORGE DONALD MARKLE**

Mailing Address 4010 UNIVERSITY DR

City	State	Zip Code
FAIRFAX	VA	22030-6805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

676.00

**Transaction ID : SA17.171662**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GEORGE DONALD MARKLE**

Mailing Address 4010 UNIVERSITY DR

City	State	Zip Code
FAIRFAX	VA	22030-6805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

676.00

**Transaction ID : SA17.174904**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE DONALD MARKLE**

Mailing Address 4010 UNIVERSITY DR

City	State	Zip Code
FAIRFAX	VA	22030-6805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

676.00

**Transaction ID : SA17.175330**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1592 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEORGE DONALD MARKLE**

Mailing Address 4010 UNIVERSITY DR

City

FAIRFAX

State

VA

Zip Code

22030-6805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

676.00

**Transaction ID : SA17.178764**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. FARRAH M. MARKUS**

Mailing Address 6750 OAKHILLS DR

City

BLOOMFIELD

State

MI

Zip Code

48301-3239

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162998**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. AMY C. MARLEY**

Mailing Address 2810 SHERWOOD DR

City

SAN BRUNO

State

CA

Zip Code

94066-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

**Transaction ID : SA17.161534**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1060.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1593 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. AMY C. MARLEY**

Mailing Address 2810 SHERWOOD DR

City

SAN BRUNO

State

CA

Zip Code

94066-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

**Transaction ID : SA17.173078**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. AMY C. MARLEY**

Mailing Address 2810 SHERWOOD DR

City

SAN BRUNO

State

CA

Zip Code

94066-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

**Transaction ID : SA17.177858**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAYAKUMAR MARNI**

Mailing Address 242 THOMAS DR

City

WOOD DALE

State

IL

Zip Code

60191-2065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.145862**

Date of Receipt

**09 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1594 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAYAKUMAR MARNI**

Mailing Address 242 THOMAS DR

City

WOOD DALE

State

IL

Zip Code

60191-2065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.145862B**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. JAYAKUMAR MARNI**

Mailing Address 242 THOMAS DR

City

WOOD DALE

State

IL

Zip Code

60191-2065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.165475**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**PETER MAROCCO**

Mailing Address 728 WOODMOOR DR

City

COPPELL

State

TX

Zip Code

75019-5214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SECURITY CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.177336**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA F. MARONTATE**

Mailing Address 710 121ST ST NW

City	State	Zip Code
GIG HARBOR	WA	98332-9640

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171782**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDUARDO MARQUEZ**

Mailing Address 240 LENAPE DR

City	State	Zip Code
MIAMI SPRINGS	FL	33166-5119

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161215**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**J. ANTONIO MARQUEZ**

Mailing Address 531 8TH AVE

City	State	Zip Code
SAN DIEGO	CA	92101-7133

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMUNIDAD REALTY PARTNERS

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

**Transaction ID : SA17.168594**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3450.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1596 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**J. ANTONIO MARQUEZ**

Mailing Address 531 8TH AVE

City	State	Zip Code
SAN DIEGO	CA	92101-7133

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMUNIDAD REALTY PARTNERS

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

**Transaction ID : SA17.168594B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-200.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**J. ANTONIO MARQUEZ**

Mailing Address 531 8TH AVE

City	State	Zip Code
SAN DIEGO	CA	92101-7133

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMUNIDAD REALTY PARTNERS

Occupation  
PRINCIPAL

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

**Transaction ID : SA17.183889**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**JAIME L. MARQUEZ**

Mailing Address 4393 N GOLDEN STATE BLVD

City	State	Zip Code
FRESNO	CA	93722-3828

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MARQUEZ BROTHERS

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163216**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1597 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAUL MARQUEZ**

Mailing Address PO BOX 140549

City

ARECIBO

State

PR

Zip Code

00614-0549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166569**

Date of Receipt

11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FOREST MARR**

Mailing Address 526 DELEON ST

City

DENISON

State

TX

Zip Code

75020-3854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GOLD STAR FINANCE CORP

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.159414**

Date of Receipt

10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FOREST MARR**

Mailing Address 526 DELEON ST

City

DENISON

State

TX

Zip Code

75020-3854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GOLD STAR FINANCE CORP

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.168399**

Date of Receipt

11 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FOREST MARR**

Mailing Address **526 DELEON ST**

City <b>DENISON</b>	State <b>TX</b>	Zip Code <b>75020-3854</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GOLD STAR FINANCE CORP**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.176525**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALEX MARRERO**

Mailing Address **341 CAMPANA AVE**

City <b>CORAL GABLES</b>	State <b>FL</b>	Zip Code <b>33156-4217</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FIDELITY QUICKPAY, LLC**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.161205**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CARLA LEVESQUE MARSHALL**

Mailing Address **16 MARYHILL DR**

City <b>SAINT LOUIS</b>	State <b>MO</b>	Zip Code <b>63124-1319</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MARKETING/TELECOMMUNICATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1050.00**

**Transaction ID : SA17.160351**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1599 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN MARSH**

Mailing Address **41 BLUEBERRY LANE**

City	State	Zip Code
<b>BREMEN</b>	<b>ME</b>	<b>04551</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMMUNITY SHELLFISH LLC**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166485**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JONELL MARSHALL**

Mailing Address **5555 DEL MONTE DR**  
**UNIT 2304**

City	State	Zip Code
<b>HOUSTON</b>	<b>TX</b>	<b>77056-4121</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.165601**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. JONELL MARSHALL**

Mailing Address **5555 DEL MONTE DR**  
**UNIT 2304**

City	State	Zip Code
<b>HOUSTON</b>	<b>TX</b>	<b>77056-4121</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.175588**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MALCOLM MARSHALL III**

Mailing Address 3603 DUNLOP ST

City

CHEVY CHASE

State

MD

Zip Code

20815-5926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CUSHMAN & WAKEFIELD

Occupation

COMMERCIAL REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172942**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**REID MARSH**

Mailing Address 125 DUNE RD

City

QUOGUE

State

NY

Zip Code

11959-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARCLAYS BANK

Occupation

INVESTMENT BANKING

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170302**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BILL FLYNN MARTIN**

Mailing Address 215B POINTE WAY

City

HAVRE DE GRACE

State

MD

Zip Code

21078-2912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WPA

Occupation

ECONOMIST

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.169638**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1601 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BILL FLYNN MARTIN**

Mailing Address **215B POINTE WAY**

City	State	Zip Code
HAVRE DE GRACE	MD	21078-2912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WPA**

Occupation  
**ECONOMIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.169639**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BOBBY P. MARTIN**

Mailing Address **896 S MAIN ST**

City	State	Zip Code
RIPLEY	MS	38663-2915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173268**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CARLOS E. MARTINEZ**

Mailing Address **215 COSTANERA RD**

City	State	Zip Code
CORAL GABLES	FL	33143-6522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**285.00**

**Transaction ID : SA17.181610**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2025.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CATHERINE J. MARTIN**

Mailing Address 3020 CAMBRIDGE PL NW

City	State	Zip Code
WASHINGTON	DC	20007-2913

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164647**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CESAR MARTINEZ**

Mailing Address 13227 TRENTWOOD

City	State	Zip Code
SAN ANTONIO	TX	78231-2256

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MAS CONSULTING GROUP**

Occupation  
**ADVERTISING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163128**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CIRA M. MARTI**

Mailing Address 18203 SW 232ND ST

City	State	Zip Code
MIAMI	FL	33170-5427

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARTI AUTO SERVICE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161310**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1603 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID MARTIN**

Mailing Address 1020 DUNHILL WAY  
APT 307

City State Zip Code  
KNOXVILLE TN 37919-3280

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158595**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. E. BRUCE MARTIN**

Mailing Address PO BOX 1729

City State Zip Code  
MERIDIAN MS 39302-1729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEYER & ROSENBAUM, INC.

Occupation  
INSURANCE AGENCY OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173271**

Date of Receipt

M M / D D / Y Y Y Y  
12 03 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE H. MARTIN**

Mailing Address 3216 BRITTANY PT

City State Zip Code  
LANSDALE PA 19446-6544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.169036**

Date of Receipt

M M / D D / Y Y Y Y  
11 10 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1604 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE H. MARTIN**

Mailing Address 3216 BRITTANY PT

City

LANSDALE

State

PA

Zip Code

19446-6544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.170522**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE H. MARTIN**

Mailing Address 3216 BRITTANY PT

City

LANSDALE

State

PA

Zip Code

19446-6544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.175238**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEORGE H. MARTIN**

Mailing Address 3216 BRITTANY PT

City

LANSDALE

State

PA

Zip Code

19446-6544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.179517**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1605 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GREGORY MARTINO**

Mailing Address 16 HOMESTEAD PL

City

HARRISON

State

NY

Zip Code

10528-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161185**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HECTOR GUILLERMO MARTINEZ**

Mailing Address P.O. BOX 36-5051

City

SAN JUAN

State

PR

Zip Code

00936-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GM HOLDINGS

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

**Transaction ID : SA17.168715**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1800.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. J. LANDIS MARTIN**

Mailing Address 200 FILLMORE ST  
STE 200

City

DENVER

State

CO

Zip Code

80206-5024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PLATTE RIVER EQUITY

Occupation

FOUNDER/MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162907**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1606 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEFF MARTIN**

Mailing Address 2312 CAMINO DEL COLLADO

City

LA JOLLA

State

CA

Zip Code

92037-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAN DIEGO GAS & ELECTRIC COMPANY

Occupation

ENERGY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168015**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSE EMILIANO MARTINEZ**

Mailing Address 4517 VERMONT AVE

City

MCALLEN

State

TX

Zip Code

78503-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176009**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JULIE MARTIN**

Mailing Address PO BOX 1729

City

MERIDIAN

State

MS

Zip Code

39302-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173269**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1607 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KEVIN M. MARTIN**

Mailing Address **75 EDGEWOOD RD**

City

**BOYERTOWN**

State

**PA**

Zip Code

**19512-8171**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PLASTIC WATERLINES INC**

Occupation

**MANUFACTURES REP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.169983**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LISA ANN MARTIN**

Mailing Address **319 GREENWOOD ST**

City

**BIRMINGHAM**

State

**MI**

Zip Code

**48009-3812**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CONWAY MACKENZIE**

Occupation

**ADMINISTRATIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161347**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARIANA MARTINEZ**

Mailing Address **5770 SW 100TH ST**

City

**MIAMI**

State

**FL**

Zip Code

**33156-2015**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.162188**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1608 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARCELO MARTINEZ**

Mailing Address 4517 VERMONT AVE

City	State	Zip Code
MCALLEN	TX	78503-7319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DEACERO

Occupation  
SALES MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176010**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRISCILLA MARTIN**

Mailing Address 6001 WESTOVER DR

City	State	Zip Code
FT WORTH	TX	76107-3583

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162246**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**REBECCA MARTINEZ**

Mailing Address 1115 WOODLAND ST

City	State	Zip Code
ORLANDO	FL	32806-2353

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1035.00

**Transaction ID : SA17.156408**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5410.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1609 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERTO MARTINEZ**

Mailing Address 9445 OLD CUTLER LN

City	State	Zip Code
CORAL GABLES	FL	33156-2244

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COLSON HICKS EIDSON

Occupation  
TRIAL LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.153387**

Date of Receipt

**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERTO MARTINEZ**

Mailing Address 9445 OLD CUTLER LN

City	State	Zip Code
CORAL GABLES	FL	33156-2244

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COLSON HICKS EIDSON

Occupation  
TRIAL LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.A153387**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. SUZEL VAZQUEZ**

Mailing Address 9445 OLD CUTLER LN

City	State	Zip Code
CORAL GABLES	FL	33156-2244

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B170920**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1610 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHARON S. MARTIN**

Mailing Address 200 FILLMORE ST  
STE 200

City State Zip Code  
DENVER CO 80206-5024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PLATTE RIVER EQUITY

Occupation  
FOUNDER/MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162908**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SIXTO MARTINEZ**

Mailing Address 11360 SW 57TH ST

City State Zip Code  
MIAMI FL 33173-1002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MASTER CONSTRUCTION

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160055**

Date of Receipt

M M / D D / Y Y Y Y  
10 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM C. MARTIN**

Mailing Address 301 SPRING HILL RD

City State Zip Code  
SKILLMAN NJ 08558-1424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RAGING CAPITAL

Occupation  
CIO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163943**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1611 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. JOANN MASCARIN**

Mailing Address **1821 PINWOOD DR**

City <b>BRUNSWICK</b>	State <b>OH</b>	Zip Code <b>44212-3947</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PEARLVIEW NURSING HOME**

Occupation  
**S.T.N.A.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.172376**

Date of Receipt

M M / D D / Y Y Y Y
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. FARIBORZ MASEEH**

Mailing Address **4343 VON KARMAN AVE  
STE 350**

City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92660-2091</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PICOCO LLC**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.173260**

Date of Receipt

M M / D D / Y Y Y Y
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ANDREW MASON**

Mailing Address **36 STEWART RD**

City <b>SHORT HILLS</b>	State <b>NJ</b>	Zip Code <b>07078-1922</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163015**

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1612 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. GRETCHEN MASSEY**

Mailing Address 76 SHORE DR

City

LARCHMONT

State

NY

Zip Code

10538-3834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.178262**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. GRETCHEN MASSEY**

Mailing Address 76 SHORE DR

City

LARCHMONT

State

NY

Zip Code

10538-3834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.178262B**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MRS. GRETCHEN MASSEY**

Mailing Address 76 SHORE DR

City

LARCHMONT

State

NY

Zip Code

10538-3834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.183890**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1613 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL J. MASSEY JR.**

Mailing Address 76 SHORE DR

City	State	Zip Code
LARCHMONT	NY	10538-3834

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CUSHMAN & WAKEFIELD**

Occupation  
**PRESIDENT, NY INVESTMENT SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158093**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MRS. GRETCHEN MASSEY**

Mailing Address 76 SHORE DR

City	State	Zip Code
LARCHMONT	NY	10538-3834

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.163027**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. PAUL J. MASSEY JR.**

Mailing Address 76 SHORE DR

City	State	Zip Code
LARCHMONT	NY	10538-3834

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CUSHMAN & WAKEFIELD**

Occupation  
**PRESIDENT, NY INVESTMENT SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158093B**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1614 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANNETTE MASTERSON**

Mailing Address 7200 W 114TH STREET CIR

City	State	Zip Code
BLOOMINGTON	MN	55438-2803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE TRAVELERS**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173183**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELLEN MASTERSON**

Mailing Address 3601 TURTLE CREEK BLVD

City	State	Zip Code
DALLAS	TX	75219-5504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177008**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NORMAN HUGH MATHEWS**

Mailing Address 14775 OLD SAINT AUGUSTINE RD

City	State	Zip Code
JACKSONVILLE	FL	32258-2463

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ENGLAND-THIM & MILLER**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.170128**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1615 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GARRETT MATHIESON**

Mailing Address 12 WALNUT RIDGE LANE

City

STAMFORD

State

CT

Zip Code

06950-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MATHIESONGLOBAL VENTURES LLC

Occupation

RISK MANAGEMENT CONSULTANT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.169558**

Date of Receipt

MM / DD / YYYY  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GARRETT MATHIESON**

Mailing Address 12 WALNUT RIDGE LANE

City

STAMFORD

State

CT

Zip Code

06950-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MATHIESONGLOBAL VENTURES LLC

Occupation

RISK MANAGEMENT CONSULTANT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177660**

Date of Receipt

MM / DD / YYYY  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**REV. RICHARD MATHISEN**

Mailing Address 150 N BETHLEHEM PIKE

City

AMBLER

State

PA

Zip Code

19002-4328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IMMANUEL LUTHERAN CHURCH

Occupation

MINISTER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.163299**

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1616 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRIAN MATTHEWS**

Mailing Address **41 BALDWIN FARMS N**

City	State	Zip Code
GREENWICH	CT	06831-3306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UBS INVESTMENTS BANK**

Occupation  
**INVESTMENT BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.159627**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY L. MATTHEWS**

Mailing Address **615 6TH AVE N**

City	State	Zip Code
NAPLES	FL	34102-5506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LJM INC.**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2010.00

**Transaction ID : SA17.172294**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY L. MATTHEWS**

Mailing Address **615 6TH AVE N**

City	State	Zip Code
NAPLES	FL	34102-5506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LJM INC.**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2010.00

**Transaction ID : SA17.177769**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1617 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD MAUER**

Mailing Address PO BOX 1382

City	State	Zip Code
DELTA JUNCTION	AK	99737-1382

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171896**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD MAUER**

Mailing Address PO BOX 1382

City	State	Zip Code
DELTA JUNCTION	AK	99737-1382

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177580**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES W. MAULDEN**

Mailing Address 2704 MAULDEN RD

City	State	Zip Code
SOUTHPORT	FL	32409-1881

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MCCALLS SOD

Occupation  
FARMERS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.173114**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1618 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES MAXWELL**

Mailing Address **18369 NICKLAUS WAY**

City	State	Zip Code
<b>EDEN PRAIRIE</b>	<b>MN</b>	<b>55347-3440</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MERISTEM**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.171027**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER MAY**

Mailing Address **3746 BENTON ST NW**

City	State	Zip Code
<b>WASHINGTON</b>	<b>DC</b>	<b>20007-1852</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KIMBELL & ASSOCIATES**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163255**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL ANDY MAY**

Mailing Address **4929 W MELROSE AVE S**

City	State	Zip Code
<b>TAMPA</b>	<b>FL</b>	<b>33629-5419</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CUSHMAN & WAKEFIELD**

Occupation  
**EXECUTIVE DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157641**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1619 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GREGORY MAYER**

Mailing Address 80 MAIDEN LN

City  
NEW YORK

State Zip Code  
NY 10038-4811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RINGER ASSOCIATES

Occupation  
FINANCIAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.173651**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSHUA MAYFIELD**

Mailing Address 5221 TOWNSEND DR

City  
FLOWER MOUND

State Zip Code  
TX 75028-1999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ORIX USA CORPORATION

Occupation  
FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.162960**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SHELLY D. MAYFIELD**

Mailing Address 5221 TOWNSEND DR

City  
FLOWER MOUND

State Zip Code  
TX 75028-1999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162963**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1620 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. C. PARKHILL MAYS JR.**

Mailing Address 2109 CAMBRIDGE AVE

City

LAKELAND

State

FL

Zip Code

33803-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOLLAND & KNIGHT

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174464**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID MC DONALD**

Mailing Address 18 DOVE MANOR CT

City

SPRING

State

TX

Zip Code

77379-3658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOBLE ENERGY, INC.

Occupation

OIL AND GAS EXPLORATION

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168336**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID MC DONALD**

Mailing Address 18 DOVE MANOR CT

City

SPRING

State

TX

Zip Code

77379-3658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOBLE ENERGY, INC.

Occupation

OIL AND GAS EXPLORATION

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175577**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1621 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID MC DONALD**

Mailing Address 18 DOVE MANOR CT

City  
SPRING

State  
TX

Zip Code  
77379-3658

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NOBLE ENERGY, INC.

Occupation  
OIL AND GAS EXPLORATION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175990**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JIM MC NEILL**

Mailing Address 8391 COUNTY ROAD 30A

City  
PORT ST JOE

State  
FL

Zip Code  
32456-7744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INDIAN PASS SEAFOOD CO.

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169839**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RONALD MCABEE**

Mailing Address 601 CLAYBORNE CT

City  
NASHVILLE

State  
TN

Zip Code  
37215-3249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

**Transaction ID : SA17.177825**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1622 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**REBECCA MCAFEE**

Mailing Address **222 E 3RD ST**  
**APT 2B**

City **NEW YORK** State **NY** Zip Code **10009-7573**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLACK ROCK**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159856**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BRIAN B. A. MCALLISTER**

Mailing Address **448 7TH ST**

City **BROOKLYN** State **NY** Zip Code **11215-3612**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MCALLISTER TOWING**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158875**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**P. E. MCALLISTER**

Mailing Address **PO BOX 1941**

City **INDIANAPOLIS** State **IN** Zip Code **46206-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161342**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5650.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1623 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MIKE MCARDLE**

Mailing Address 5812 BROOKSTONE CIR NW

City	State	Zip Code
ACWORTH	GA	30101-4501

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMCAST

Occupation  
MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.178076**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SHARON MCARTHUR**

Mailing Address 3844 TIMUQUANA RD

City	State	Zip Code
JACKSONVILLE	FL	32210-8528

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170651**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM A. MCARTHUR SR.**

Mailing Address 569 EDGEWOOD AVE S

City	State	Zip Code
JACKSONVILLE	FL	32205-5332

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
N.G. WADE INVESTMENT COMPANY

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170626**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1624 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS MCBRAYER**

Mailing Address **446 17TH AVENUE DR NE**

City <b>HICKORY</b>	State <b>NC</b>	Zip Code <b>28601-1555</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CITY OF HICKORY**

Occupation  
**PARKS AND REC**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**238.00**

**Transaction ID : SA17.167699**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**15.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS MCBRAYER**

Mailing Address **446 17TH AVENUE DR NE**

City <b>HICKORY</b>	State <b>NC</b>	Zip Code <b>28601-1555</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CITY OF HICKORY**

Occupation  
**PARKS AND REC**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**238.00**

**Transaction ID : SA17.174192**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS MCBRAYER**

Mailing Address **446 17TH AVENUE DR NE**

City <b>HICKORY</b>	State <b>NC</b>	Zip Code <b>28601-1555</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CITY OF HICKORY**

Occupation  
**PARKS AND REC**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**238.00**

**Transaction ID : SA17.174193**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**45.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1625 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS MCBRAYER**

Mailing Address **446 17TH AVENUE DR NE**

City <b>HICKORY</b>	State <b>NC</b>	Zip Code <b>28601-1555</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CITY OF HICKORY**

Occupation  
**PARKS AND REC**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**238.00**

**Transaction ID : SA17.175640**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**42.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS MCBRAYER**

Mailing Address **446 17TH AVENUE DR NE**

City <b>HICKORY</b>	State <b>NC</b>	Zip Code <b>28601-1555</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CITY OF HICKORY**

Occupation  
**PARKS AND REC**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**238.00**

**Transaction ID : SA17.177992**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**27.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS MCBRAYER**

Mailing Address **446 17TH AVENUE DR NE**

City <b>HICKORY</b>	State <b>NC</b>	Zip Code <b>28601-1555</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CITY OF HICKORY**

Occupation  
**PARKS AND REC**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**238.00**

**Transaction ID : SA17.178910**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**79.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1626 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. DONNA J. MCBRIAN**

Mailing Address 7398 TEMPO TER NE

City

MINNEAPOLIS

State

MN

Zip Code

55432-3223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.165397**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. DONNA J. MCBRIAN**

Mailing Address 7398 TEMPO TER NE

City

MINNEAPOLIS

State

MN

Zip Code

55432-3223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171786**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRIAN MCCABE**

Mailing Address 47 COLLINS BROOK RD

City

MEREDITH

State

NH

Zip Code

03253-4703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DCI GROUP, LLC

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162525**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1627 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LOREN MCCABE**

Mailing Address **47 COLLINS BROOK RD**

City

**MEREDITH**

State

**NH**

Zip Code

**03253-4703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163289**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEVIN MCCAFFREY**

Mailing Address **353 CENTRAL PARK W**  
**APT 8**

City

**NEW YORK**

State

**NY**

Zip Code

**10025-6597**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LFG INC**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169886**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AMBASSADOR ROBERT D. MCCALLUM**

Mailing Address **2440 PEACHTREE RD NW**  
**UNIT 15**

City

**ATLANTA**

State

**GA**

Zip Code

**30305-4123**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172962**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1628 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROSS MCCALLISTER**

Mailing Address **5432 E PRESIDIO RD**

City	State	Zip Code
<b>TUCSON</b>	<b>AZ</b>	<b>85712-1376</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**M.C. COMPANIES**

Occupation  
**REAL ESTATE INVESTMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160718**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT MCCAMBRIDGE**

Mailing Address **7728 FOREST DR NE**

City	State	Zip Code
<b>SEATTLE</b>	<b>WA</b>	<b>98115-5229</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HARVEST PARTNERS LLC**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1010.00**

**Transaction ID : SA17.157836**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES L. MCCANN**

Mailing Address **324 GARDEN RD**

City	State	Zip Code
<b>PALM BEACH</b>	<b>FL</b>	<b>33480-3222</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AKERMAN LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.153384**

Date of Receipt

**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2710.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1629 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES L. MCCANN**

Mailing Address 324 GARDEN RD

City

PALM BEACH

State

FL

Zip Code

33480-3222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AKERMAN LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.153384B**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES L. MCCANN**

Mailing Address 324 GARDEN RD

City

PALM BEACH

State

FL

Zip Code

33480-3222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AKERMAN LLP

Occupation

ATTORNEY

Receipt For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174109**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**DANIEL MCCARTHY**

Mailing Address 6400 RIDGE DR

City

BETHESDA

State

MD

Zip Code

20816-2638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INGRAM GROUP

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173176**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1630 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN G. MCCARTHY III**

Mailing Address 307 INTERNATIONAL CIR  
STE 390

City State Zip Code  
HUNT VALLEY MD 21030-1327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HERITAGE FINANCIAL CONSULTANTS

Occupation  
FINANCIAL PLANNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.172641**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JUSTIN MCCARTHY**

Mailing Address 1300 CONNECTICUT AVE NW

City State Zip Code  
WASHINGTON DC 20036-1703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PECK MADIGAN JONES

Occupation  
GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163236**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEVIN M. MCCARTY**

Mailing Address 2959 PADDINGTON DR

City State Zip Code  
TALLAHASSEE FL 32309-6870

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STATE OF FL

Occupation  
INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158600**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1631 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM MCCLAMROCH**

Mailing Address **746 ROUND HILL RD**

City	State	Zip Code
INDIANAPOLIS	IN	46260-2918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BINGHAM GREENEBAUM DOLL**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159479**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CURTIS MCCLEES**

Mailing Address **2506 WINDWOOD LN**

City	State	Zip Code
ORANGE PARK	FL	32073-6127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WINNING CONCEPTS**

Occupation  
**SALES & MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.155279**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID MCCLELLAND**

Mailing Address **PO BOX 151035**

City	State	Zip Code
ARLINGTON	TX	76015-7035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MCCLELLAND LAW FIRM**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168635**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1632 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NORMAN P. MCCLELLAND**  
Mailing Address **311 E MARLETTE AVE**

City State Zip Code  
**PHOENIX AZ 85012-1170**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SHAMROCK FOODS COMPANY**

Occupation  
**BUSINESS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165440**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. MCCLESKEY**

Mailing Address **PO BOX 3362**

City State Zip Code  
**MIDLAND TX 79702-3362**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166353**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. AUSTIN MCCLOUD**

Mailing Address **515 S LAMAR ST**

City State Zip Code  
**EASTLAND TX 76448-3713**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.170844**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1633 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES MCCLURE**

Mailing Address 104 BRADY LN

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-2804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MICHIGAN CAPITAL**

Occupation  
**MANAGING PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161963**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS MCCLURE**

Mailing Address 5651 N PLACITA STILBAYO

City	State	Zip Code
TUCSON	AZ	85718-3906

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GLOBAL INVESTMENT STRATEGIES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161520**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SARAH H. MCCLURE**

Mailing Address 104 BRADY LN

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-2804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161769**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1634 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK A. MCCOLLUM**

Mailing Address 3000 N SAM HOUSTON PKWY E

City	State	Zip Code
HOUSTON	TX	77032-3219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HALLIBURTON**

Occupation  
**CHIEF INTEGRATION OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.164413**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL P. MCCORMAC**

Mailing Address 325 S OXFORD VALLEY RD

City	State	Zip Code
FAIRLESS HILLS	PA	19030-2601

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ST. FRANCES CABRINI CHURCH**

Occupation  
**ROMAN CATHOLIC PRIEST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.169986**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ROSEMARY H. MCCORKLE**

Mailing Address 13910 MANDARIN OAKS LN

City	State	Zip Code
JACKSONVILLE	FL	32223-2517

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.167278**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1635 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ROSEMARY H. MCCORKLE**

Mailing Address 13910 MANDARIN OAKS LN

City	State	Zip Code
JACKSONVILLE	FL	32223-2517

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.172095**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ROSEMARY H. MCCORKLE**

Mailing Address 13910 MANDARIN OAKS LN

City	State	Zip Code
JACKSONVILLE	FL	32223-2517

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.179561**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SELMA MYRTIS MCCORD**

Mailing Address 109 N KANAIO DR  
APT B

City	State	Zip Code
BASTROP	TX	78602-6336

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

**Transaction ID : SA17.166075**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

205.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1636 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SELMA MYRTIS MCCORD**

Mailing Address 109 N KANAIO DR  
APT B

City BASTROP State TX Zip Code 78602-6336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

**Transaction ID : SA17.168335**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SELMA MYRTIS MCCORD**

Mailing Address 109 N KANAIO DR  
APT B

City BASTROP State TX Zip Code 78602-6336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

**Transaction ID : SA17.175589**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SELMA MYRTIS MCCORD**

Mailing Address 109 N KANAIO DR  
APT B

City BASTROP State TX Zip Code 78602-6336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

**Transaction ID : SA17.176556**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

205.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1637 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EAMON MCCRANN**

Mailing Address 867 FORESTVILLE MEADOWS DR

City	State	Zip Code
GREAT FALLS	VA	22066-2437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LPC

Occupation  
SR VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.159425**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**EAMON MCCRANN**

Mailing Address 867 FORESTVILLE MEADOWS DR

City	State	Zip Code
GREAT FALLS	VA	22066-2437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LPC

Occupation  
SR VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.168412**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EAMON MCCRANN**

Mailing Address 867 FORESTVILLE MEADOWS DR

City	State	Zip Code
GREAT FALLS	VA	22066-2437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LPC

Occupation  
SR VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.176589**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1638 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDWARD K. MCCRARY**

Mailing Address **2285 GOLFVIEW DR**  
**APT 206**

City **TROY** State **MI** Zip Code **48084-3914**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ALPHA ELECTRIC & ENGINEERING**

Occupation  
**PROJECT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161525**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GREGORY MCCRAY**

Mailing Address **9778 MAPLE TRACE CIR**

City **FAIRFAX** State **VA** Zip Code **22032-1145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**285.00**

**Transaction ID : SA17.165265**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GREGORY MCCRAY**

Mailing Address **9778 MAPLE TRACE CIR**

City **FAIRFAX** State **VA** Zip Code **22032-1145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**285.00**

**Transaction ID : SA17.168341**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2775.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1639 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GREGORY MCCRAY**

Mailing Address 9778 MAPLE TRACE CIR

City FAIRFAX	State VA	Zip Code 22032-1145
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

**Transaction ID : SA17.172273**

Date of Receipt

M M / D D / Y Y Y Y
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GREGORY MCCRAY**

Mailing Address 9778 MAPLE TRACE CIR

City FAIRFAX	State VA	Zip Code 22032-1145
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

**Transaction ID : SA17.181755**

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEVIN MCCULLOUGH**

Mailing Address 6315 DYKES WAY

City DALLAS	State TX	Zip Code 75230-1813
----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ROCHELLE MCCULLOUGH, LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.176519**

Date of Receipt

M M / D D / Y Y Y Y
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1640 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEVIN MCCULLOUGH**

Mailing Address 6315 DYKES WAY

City	State	Zip Code
DALLAS	TX	75230-1813

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ROCHELLE MCCULLOUGH, LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.179977**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FLETCHER J. MCCUSKER**

Mailing Address 3233 E VIA PALOS VERDES

City	State	Zip Code
TUCSON	AZ	85716-5853

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SINFONIA HEALTH**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164380**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STACIE DIEB MCDAVID**

Mailing Address 71 WESTOVER TER

City	State	Zip Code
FORT WORTH	TX	76107-3106

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MCDAVID COMPANIES**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162076**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1641 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD H. MCDERMOTT**  
Mailing Address PO BOX 1788

City State Zip Code  
ROSS CA 94957-1788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPO PARTNERS & COMPANY

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178978**

Date of Receipt

M M / D D / Y Y Y Y  
12 29 2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH MCDERMOTT**  
Mailing Address PO BOX 1788

City State Zip Code  
ROSS CA 94957-1788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178977**

Date of Receipt

M M / D D / Y Y Y Y  
12 29 2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW MCDONALD**  
Mailing Address 191 SIERRA VIEW RD

City State Zip Code  
PASADENA CA 91105-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CUSHMAN & WAKEFIELD

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174788**

Date of Receipt

M M / D D / Y Y Y Y  
12 09 2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1642 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIMOTHY MCDONNELL**

Mailing Address **14 PHYLLIS CT**

City

**BELMONT**

State

**CA**

Zip Code

**94002-2225**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MACMARIN, INC.**

Occupation

**BUSINESSMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.162651**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN MCDOWELL**

Mailing Address **3506 WESTOVER RD.**

City

**DURHAM**

State

**NC**

Zip Code

**27707-5031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ON Q FINANCIAL, LLC**

Occupation

**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168964**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LORIANNE MCELHENY**

Mailing Address **1173 COVE POINTE DR**

City

**PANAMA CITY**

State

**FL**

Zip Code

**32401-3794**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173110**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1643 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**LOGAN MITCHELL MCFADDIN**

Mailing Address **6321 SINKOLA DR**

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32312-4522</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer <b>PROPERTY CASUALTY INSURERS ASSOCIA</b>	Occupation <b>GOVERNMENT RELATIONS MANAGER</b>
---	---

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158519**

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JAMES MCFARLAND**

Mailing Address **215 N ABERDEEN ST**  
**UNIT 404B**

City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60607-1631</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer <b>NORTHWESTERN MUTUAL LIFE INS CO</b>	Occupation <b>ATTORNEY</b>
--	-------------------------------

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2310.00**

**Transaction ID : SA17.162473**

Date of Receipt

M M / D D / Y Y Y Y
10 / 23 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JAMES MCFARLAND**

Mailing Address **215 N ABERDEEN ST**  
**UNIT 404B**

City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60607-1631</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer <b>NORTHWESTERN MUTUAL LIFE INS CO</b>	Occupation <b>ATTORNEY</b>
--	-------------------------------

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2310.00**

**Transaction ID : SA17.163785**

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**2735.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1644 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES MCFARLAND**

Mailing Address **215 N ABERDEEN ST**  
**UNIT 404B**

City **CHICAGO** State **IL** Zip Code **60607-1631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHWESTERN MUTUAL LIFE INS CO**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2310.00**

**Transaction ID : SA17.168575**

Date of Receipt

**11 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES MCFARLAND**

Mailing Address **215 N ABERDEEN ST**  
**UNIT 404B**

City **CHICAGO** State **IL** Zip Code **60607-1631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHWESTERN MUTUAL LIFE INS CO**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2310.00**

**Transaction ID : SA17.168576**

Date of Receipt

**11 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. THOMAS M. MCFARLAND**

Mailing Address **4900 COUNTRY CLUB DR**

City **MERIDIAN** State **MS** Zip Code **39305-1841**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RUSH FOUNDATION HOSPITAL**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.160610**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2050.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1645 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. THOMAS M. MCFARLAND**

Mailing Address 4900 COUNTRY CLUB DR

City	State	Zip Code
MERIDIAN	MS	39305-1841

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RUSH FOUNDATION HOSPITAL

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170849**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. THOMAS M. MCFARLAND**

Mailing Address 4900 COUNTRY CLUB DR

City	State	Zip Code
MERIDIAN	MS	39305-1841

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RUSH FOUNDATION HOSPITAL

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177446**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TERRY MCGANN**

Mailing Address 6705 DE CHARDIN LN

City	State	Zip Code
RENO	NV	89511-4538

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MONTRENX VENTURES

Occupation  
BUSINESS & GR CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164649**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1646 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ASHLEY MCGEE**

Mailing Address **3459 S STAFFORD ST**

City	State	Zip Code
ARLINGTON	VA	22206-1917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMCAST NBCU**

Occupation  
**LOBBYIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168128**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. NORBERT J. MCGETTIGAN**

Mailing Address **224 QUAKERBRIDGE CT**

City	State	Zip Code
MOORESTOWN	NJ	08057-2823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IMPACT DIMENSIONS, LLC**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.165733**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PRISCILLA MCGILLICUDDY**

Mailing Address **PO BOX 3729**

City	State	Zip Code
PLACIDA	FL	33946-3729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.166634**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1647 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DIANE MCGIMSEY**

Mailing Address **1888 CENTURY PARK E**  
**STE 2100**

City **LOS ANGELES** State **CA** Zip Code **90067-1725**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.155470**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSEPH MCGINLEY**

Mailing Address **ONE COMCAST CENTER**  
**51ST FLOOR**

City **DEVON** State **PA** Zip Code **19333-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMCAST CORPORATION**

Occupation  
**VP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.174885**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GREG MCGOWAN**

Mailing Address **2430 LAGUNA DR**

City **FT LAUDERDALE** State **FL** Zip Code **33316-2312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157647**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1648 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM B. MCHUGH**

Mailing Address 7121 OLD SETTLERS RD

City	State	Zip Code
HAMEL	MN	55340-9417

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RBC

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173488**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DIANE MCILRATH**

Mailing Address 619 SW LAKE CHARLES CIR

City	State	Zip Code
PORT SAINT LUCIE	FL	34986-3427

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.180921**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE MCILRATH**

Mailing Address 619 SW LAKE CHARLES CIR

City	State	Zip Code
ST LUCIE WEST	FL	34986-3427

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.176731**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1649 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT MCILRATH**

Mailing Address 2117 GOODRICH AVE

City	State	Zip Code
SAINT PAUL	MN	55105-1019

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRAVELERS COMPANIES**

Occupation  
**FIXED INCOME PORTFOLIO MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168079**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CATHY MCINDOO**

Mailing Address 14351 MYFORD RD  
STE H

City	State	Zip Code
TUSTIN	CA	92780-7038

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NOVARE**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162958**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY P. MCINDOO**

Mailing Address 14351 MYFORD RD  
STE H

City	State	Zip Code
TUSTIN	CA	92780-7038

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ULTRA ESCROW**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162953**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1650 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HAROLD A. MCINNES**

Mailing Address 260 WINDING WAY

City

CAMP HILL

State

PA

Zip Code

17011-8463

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174442**

Date of Receipt

MM / DD / YYYY  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRENT MCINTOSH**

Mailing Address 125 BROAD ST

City

NEW YORK

State

NY

Zip Code

10004-2400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SULLIVAN & CROMWELL LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157070**

Date of Receipt

MM / DD / YYYY  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LAURA MCINTOSH**

Mailing Address 125 BROAD ST

City

NEW YORK

State

NY

Zip Code

10004-2400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WACHTELL, LIPTON, ROSEN & KATZ

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157069**

Date of Receipt

MM / DD / YYYY  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1651 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM D. MCINTURFF**

Mailing Address **611 FORT WILLIAMS PARKWAY**

City	State	Zip Code
ALEXANDRIA	VA	22304-1813

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PUBLIC OPINION STRATEGIES**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169464**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEBORAH MCKAY**

Mailing Address **PO BOX 936**

City	State	Zip Code
PALM CITY	FL	34991-0936

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PHILOSOPHICAL FRAMEWORKS INC**

Occupation  
**RESEARCH EDITOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.174825**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES MCKAY**

Mailing Address **117 4TH ST NE**

City	State	Zip Code
WASHINGTON	DC	20002-5931

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**D.C. GOVERNMENT**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.176713**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1652 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. MCKAY**

Mailing Address PO BOX 111

City	State	Zip Code
BRADENTON	FL	34206-0111

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JOHN MCKAY, INC.**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173006**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KEVIN H. MCKAY**

Mailing Address 10 BROOKRIDGE CT

City	State	Zip Code
BLOOMINGTON	IL	61704-6293

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STATE FARM INSURANCE COMPANIES**

Occupation  
**FINANCIAL SERVICES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162938**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY COX MCKAY**

Mailing Address 1503 ADOBE SPRINGS DR

City	State	Zip Code
SAN ANTONIO	TX	78232-4900

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.161532**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1653 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY COX MCKAY**

Mailing Address 1503 ADOBE SPRINGS DR

City	State	Zip Code
SAN ANTONIO	TX	78232-4900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.176522**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MICHELLE D. MCKAY**

Mailing Address PO BOX 71

City	State	Zip Code
BRADENTON	FL	34206-0071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173033**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHRIS MCKEE**

Mailing Address 19 PORTLAND DR

City	State	Zip Code
SAINT LOUIS	MO	63131-3324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CLAYEO

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157668**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1654 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JULIANNE C. MCKEEL**

Mailing Address 3106 W SUNSET DR

City	State	Zip Code
TAMPA	FL	33629-5208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158549**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICK MCKEE**

Mailing Address 1103 SHALIMAR DR

City	State	Zip Code
TALLAHASSEE	FL	32312-3020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCKEE INS AGENCY

Occupation  
INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157949**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ANDREW NEIL MCKENZIE**

Mailing Address PO BOX 830

City	State	Zip Code
PANAMA CITY	FL	32402-0830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173108**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1655 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES MCKENNEY**

Mailing Address 96 GLENMOOR LN

City	State	Zip Code
CHERRY HILLS VILLAGE	CO	80113-7123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SENIOR HOUSING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161588**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PETER H. MCKENZIE**

Mailing Address 7520 CARUTH BLVD.

City	State	Zip Code
DALLAS	TX	75225-4505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EXPERT GLOBAL SOLUTIONS, INC.**

Occupation  
**CONSULTING - B.P.O.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169471**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM A. MCKIBBEN**

Mailing Address 207 LINDEN PONDS WAY  
UNIT 232

City	State	Zip Code
HINGHAM	MA	02043-8710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.171803**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1656 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM A. MCKIBBEN**

Mailing Address 207 LINDEN PONDS WAY  
UNIT 232

City State Zip Code  
HINGHAM MA 02043-8710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.171804**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAMIAN MCKINNEY**

Mailing Address 1ST FLOOR, 25 SACKVILLE STREET

City State Zip Code  
LONDON W1S 3 FF 99999-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165940**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL MCKINNEY**

Mailing Address 1529 WOODRIDGE PL

City State Zip Code  
VESTAVIA AL 35216-1657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCKINNEY CAPITAL

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179980**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1657 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GARY MCKINNEY**

Mailing Address 300 N. MARIENFELD, SUITE 1100

City	State	Zip Code
MIDLAND	TX	79701-4384

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RELiance ENERGY, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169503**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. IAN MCKINNON**

Mailing Address 34 INDIAN POINT LN

City	State	Zip Code
RIVERSIDE	CT	06878-2613

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SANDIA HOLDINGS, LLC

Occupation  
FOUNDING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159230**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PAM M. MCKINNEY**

Mailing Address 44 WENTWORTH ST

City	State	Zip Code
CHARLESTON	SC	29401-1617

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155289**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1658 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK MCKINNEY**

Mailing Address **44 WENTWORTH ST**

City

**CHARLESTON**

State

**SC**

Zip Code

**29401-1617**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.181068**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT MCKINLEY**

Mailing Address **3776 TRAEMOOR RD**

City

**SOUTHPORT**

State

**NC**

Zip Code

**28461-8219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**235.00**

**Transaction ID : SA17.160967**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT MCKINLEY**

Mailing Address **3776 TRAEMOOR RD**

City

**SOUTHPORT**

State

**NC**

Zip Code

**28461-8219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**235.00**

**Transaction ID : SA17.163912**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1659 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT MCKINLEY**

Mailing Address 3776 TRAEMOOR RD

City

SOUTHPORT

State

NC

Zip Code

28461-8219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.171571**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT MCKINLEY**

Mailing Address 3776 TRAEMOOR RD

City

SOUTHPORT

State

NC

Zip Code

28461-8219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.177274**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT MCKINLEY**

Mailing Address 3776 TRAEMOOR RD

City

SOUTHPORT

State

NC

Zip Code

28461-8219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.178836**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

60.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1660 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT MCKINLEY**

Mailing Address 3776 TRAEMOOR RD

City

SOUTHPORT

State

NC

Zip Code

28461-8219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.179638**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH J. MCLAUGHLIN JR.**

Mailing Address 60 INDIAN SPRING RD

City

MEDIA

State

PA

Zip Code

19063-1818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THE HAVERFORD TRUST COMPANY

Occupation

BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161358**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL MCLAUGHLIN**

Mailing Address 875 METHUEN ST

City

DRACUT

State

MA

Zip Code

01826-5304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LOWELL PUBLIC SCHOOLS

Occupation

SUBSTITUTE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

725.00

**Transaction ID : SA17.181786**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1661 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD MCLELLAN**

Mailing Address 4151 KINGS RD

City

EXCELSIOR

State

MN

Zip Code

55331-7772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE MOSAIC COMPANY

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173186**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRUCE MCLEOD**

Mailing Address 780 E LAKE RD

City

PENN YAN

State

NY

Zip Code

14527-9410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163104**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRUCE MCLEOD**

Mailing Address 780 E LAKE RD

City

PENN YAN

State

NY

Zip Code

14527-9410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171362**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1662 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRUCE MCLEOD**

Mailing Address **780 E LAKE RD**

City

**PENN YAN**

State

**NY**

Zip Code

**14527-9410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.178646**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES W. MCLOUGHLIN**

Mailing Address **11335 BELLFLOWER LN**

City

**HUNTLEY**

State

**IL**

Zip Code

**60142-7796**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.165550**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES W. MCLOUGHLIN**

Mailing Address **11335 BELLFLOWER LN**

City

**HUNTLEY**

State

**IL**

Zip Code

**60142-7796**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.173341**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1663 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. MCMANUS**

Mailing Address 10340 SUMMIT CANYON DR

City	State	Zip Code
LAS VEGAS	NV	89144-4339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MGM RESORTS INTERNATIONAL**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174986**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN MCMANUS**

Mailing Address 4 DERBY WAY

City	State	Zip Code
BLOOMINGTON	IL	61704-2820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STATE FARM**

Occupation  
**VP COUNSEL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.164348**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL MCMURPHY**

Mailing Address 9324 GARDEN CT

City	State	Zip Code
POTOMAC	MD	20854-3962

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

775.00

**Transaction ID : SA17.158158**

Date of Receipt

**10 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3225.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1664 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****GAYLE C. MCNAMARA**

Mailing Address 1217 JACKSON AVE

City

NEW ORLEANS

State

LA

Zip Code

70130-5129

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173062**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****RICHARD MCNEEL**

Mailing Address 32415 ARCHDALE

City

CHAPEL HILL

State

NC

Zip Code

27517-8398

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.165171**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****CHARLES MCNEIL**

Mailing Address 4956 S FILLMORE CT

City

CHERRY HILLS VILLAGE

State

CO

Zip Code

80113-7146

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

NEXGEN RESOURCES

Occupation

CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159302**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1665 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERTA MCNEILL**

Mailing Address 13 DUNBAR RD

City

SHARON

State

CT

Zip Code

06069-2342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.167391**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERTA MCNEILL**

Mailing Address 13 DUNBAR RD

City

SHARON

State

CT

Zip Code

06069-2342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.177658**

Date of Receipt

MM / DD / YYYY  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARK MCNEILLIS**

Mailing Address 433 CHRISTOPHER AVE  
APT 23

City

GAITHERSBURG

State

MD

Zip Code

20879-3538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

DATA ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.176878**

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1666 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TOWNSEND MCNITT**

Mailing Address 26 FRANKLIN ST

City

ANNAPOLIS

State

MD

Zip Code

21401-2720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164535**

Date of Receipt

MM / DD / YYYY  
10 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FRANK MCNULTY**

Mailing Address 9272 ROCKPORT LN

City

HIGHLANDS RANCH

State

CO

Zip Code

80126-5003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SPENCERFANE

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159058**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FRANK MCNULTY**

Mailing Address 9272 ROCKPORT LN

City

HIGHLANDS RANCH

State

CO

Zip Code

80126-5003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SPENCERFANE

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161558**

Date of Receipt

MM / DD / YYYY  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1667 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY MCNULTY**

Mailing Address 106 S LINDEN AVE

City

PITTSBURGH

State

PA

Zip Code

15208-2645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CARNEGIE MELLON UNIVERSITY

Occupation

SPECIAL ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166345**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEFFREY MCPHEE**

Mailing Address 418 SE 31ST ST

City

CAPE CORAL

State

FL

Zip Code

33904-3476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SOUTHERN WINE & SPIRITS

Occupation

PROGRAMMER/ANALYSIS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163545**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN MCPHERSON**

Mailing Address 11639 SE FLORIDA AVE

City

HOBE SOUND

State

FL

Zip Code

33455-6604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172520**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1668 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALVIN E. MCQUINN**

Mailing Address 1551 GULF SHORE BLVD S

City	State	Zip Code
NAPLES	FL	34102-7454

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTMENT MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172310**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City	State	Zip Code
GRACEVILLE	FL	32440-2418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.157714**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City	State	Zip Code
GRACEVILLE	FL	32440-2418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.163065**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)** .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1669 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City	State	Zip Code
GRACEVILLE	FL	32440-2418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.170262**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City	State	Zip Code
GRACEVILLE	FL	32440-2418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.171246**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City	State	Zip Code
GRACEVILLE	FL	32440-2418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.171249**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1670 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City	State	Zip Code
GRACEVILLE	FL	32440-2418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.174569**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City	State	Zip Code
GRACEVILLE	FL	32440-2418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.175770**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City	State	Zip Code
GRACEVILLE	FL	32440-2418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.175771**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1671 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City

GRACEVILLE

State

FL

Zip Code

32440-2418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.178067**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City

GRACEVILLE

State

FL

Zip Code

32440-2418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.178612**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA KAY MCRAE**

Mailing Address 1190 8TH AVE

City

GRACEVILLE

State

FL

Zip Code

32440-2418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.178613**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1672 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID MCREYNOLDS**

Mailing Address **600 17TH ST**  
**STE 2500**

City **DENVER** State **CO** Zip Code **80202-5414**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COLUMBINE HEALTH PLAN**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.165430**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL T. MCSHERRY**

Mailing Address **6247 AUBURN LEAF LN**

City **ALEXANDRIA** State **VA** Zip Code **22312-3909**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MERCURY**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.158859**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALISON MCSLARROW**

Mailing Address **788 110TH AVE NE**

City **BELLEVUE** State **WA** Zip Code **98004-8312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.167265**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1673 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KYLE MCSLARROW**

Mailing Address 788 110TH AVE NE

City

BELLEVUE

State

WA

Zip Code

98004-8312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

COMCAST

Occupation

TELECOMMUNICATIONS EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167260**

Date of Receipt

MM / DD / YYYY  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. POLLY D. MCTAGGART**

Mailing Address 709 VILLAGE RD

City

NORTH PALM BEACH

State

FL

Zip Code

33408-3331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177394**

Date of Receipt

MM / DD / YYYY  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KYLYN MEAD**

Mailing Address 401 N WABASH AVE  
UNIT 54E

City

CHICAGO

State

IL

Zip Code

60611-3799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168280**

Date of Receipt

MM / DD / YYYY  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1674 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDWIN B. MEADE JR.**

Mailing Address 1500 WESTBROOK CT  
APT 3144

City State Zip Code  
RICHMOND VA 23227-3373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.156986**

Date of Receipt

M M / D D / Y Y Y Y  
10 06 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWIN B. MEADE JR.**

Mailing Address 1500 WESTBROOK CT  
APT 3144

City State Zip Code  
RICHMOND VA 23227-3373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.173478**

Date of Receipt

M M / D D / Y Y Y Y  
12 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**THOMAS MEAGHER**

Mailing Address 44 WILLOW RD

City State Zip Code  
LAWRENCEVILLE NJ 08648-1659

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEAGHER EMANUEL LAKS GOLDBERG &  
LLC

Occupation  
PATENT ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.161983**

Date of Receipt

M M / D D / Y Y Y Y  
10 21 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1675 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS MEAGHER**

Mailing Address 44 WILLOW RD

City	State	Zip Code
LAWRENCEVILLE	NJ	08648-1659

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
MEAGHER EMANUEL LAKS GOLDBERG & L	PATENT ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.171347**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS MEAGHER**

Mailing Address 44 WILLOW RD

City	State	Zip Code
LAWRENCEVILLE	NJ	08648-1659

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
MEAGHER EMANUEL LAKS GOLDBERG & L	PATENT ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.176929**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DONALD C. MEALEY**

Mailing Address 9776 COVENT GARDEN DR

City	State	Zip Code
ORLANDO	FL	32827-7072

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
SELF-EMPLOYED	AUTOMOBILE DEALERSHIP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162158**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1676 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ARMANDO MEDINA**

Mailing Address 9007 VILLAGE DR

City

SAN ANTONIO

State

TX

Zip Code

78217-3405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.151264**

Date of Receipt

**09 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ARMANDO MEDINA**

Mailing Address 9007 VILLAGE DR

City

SAN ANTONIO

State

TX

Zip Code

78217-3405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.A151264**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**LUPITA MEDINA**

Mailing Address 9007 VILLAGE DR

City

SAN ANTONIO

State

TX

Zip Code

78217-3405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.B163380**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1677 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CAROLYN M. MEDINA**

Mailing Address 1855 SEFTON PL

City	State	Zip Code
SAN DIEGO	CA	92107-2623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162929**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RUDOLPH MEDINA**

Mailing Address 12340 AQUITAINE CT

City	State	Zip Code
SAN DIEGO	CA	92130-6843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE BUILDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162930**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LARRY PAUL MEDVINSKY**

Mailing Address 54 TAUNTON RD

City	State	Zip Code
SCARSDALE	NY	10583-5610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CLIFFORD CHANCE US LLP

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177406**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1678 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LARRY PAUL MEDVINSKY**

Mailing Address **54 TAUNTON RD**

City	State	Zip Code
SCARSDALE	NY	10583-5610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CLIFFORD CHANCE US LLP**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177406B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**-300.00**

☒ Memo Item  
**REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**LAURIE MEDVINSKY**

Mailing Address **54 TAUNTON RD**

City	State	Zip Code
SCARSDALE	NY	10583-5610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.178941**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☒ Memo Item  
**REATTRIBUTION FROM SPOUSE**

**C.** Full Name (Last, First, Middle Initial)  
**SAM MEEK**

Mailing Address **3020 DENT PL NW**  
**APT 24W**

City	State	Zip Code
WASHINGTON	DC	20007-2963

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SANDBOXX**

Occupation  
**MOBILE APPS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.163242**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**250.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1679 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GARY A. MEEKS**

Mailing Address 24724 HARBOUR VIEW DR

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082-1502

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.173103**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GARY A. MEEKS**

Mailing Address 24724 HARBOUR VIEW DR

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082-1502

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.175016**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID P. MEHNEY**

Mailing Address 3049 MARY ST SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-3150

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KMW GROUP, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.175718**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4000.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1680 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. MEHR**

Mailing Address **38505 WOODWARD AVE**  
**STE 2000**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304-5096**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PLUNKETT & COONEY**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173496**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BHARAT MEHTA**

Mailing Address **530 HALYARD WAY**

City **ENOLA** State **PA** Zip Code **17025-1329**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HERSHA HOSPITALITY MANAGEMENT**

Occupation  
**RISK MANAGEMENT DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165662**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. DEVYANI B. MEHTA**

Mailing Address **530 HALYARD WAY**

City **ENOLA** State **PA** Zip Code **17025-1329**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HERSHA HOSPITALITY MANAGEMENT**

Occupation  
**ACCOUNTING MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165663**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1681 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NEIL MEHTA**

Mailing Address **535 PACIFIC AVE**

City	State	Zip Code
<b>SAN FRANCISCO</b>	<b>CA</b>	<b>94133-4628</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GREENOAKS CAPITAL**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175750**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HENDRIK G. MEIJER**

Mailing Address **2100 ROBINSON RD SE**

City	State	Zip Code
<b>GRAND RAPIDS</b>	<b>MI</b>	<b>49506-1848</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MEIJER**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166126**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. HENDRIK G. MEIJER**

Mailing Address **2100 ROBINSON RD SE**

City	State	Zip Code
<b>GRAND RAPIDS</b>	<b>MI</b>	<b>49506-1848</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MEIJER**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166126B**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

**5650.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1682 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LIESEL MEIJER**

Mailing Address 2100 ROBINSON RD SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.189474**

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID J. MEIS**

Mailing Address PO BOX 1406

City	State	Zip Code
LE MARS	IA	51031-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.172303**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRADFORD MEISEL**

Mailing Address 20 POWDER HILL RD

City	State	Zip Code
SADDLE RIVER	NJ	07458-3215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

STUDENT

STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.157308**

Date of Receipt

MM / DD / YYYY  
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1683 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRADFORD MEISEL**

Mailing Address 20 POWDER HILL RD

City

SADDLE RIVER

State

NJ

Zip Code

07458-3215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.157613**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRADFORD MEISEL**

Mailing Address 20 POWDER HILL RD

City

SADDLE RIVER

State

NJ

Zip Code

07458-3215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.161677**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JORGE FERNANDO E. MELEAN**

Mailing Address 8999 NW 107TH CT  
UNIT 102

City

DORAL

State

FL

Zip Code

33178-2166

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161246**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

475.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1684 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JORGE FERNANDO E. MELEAN**

Mailing Address 8999 NW 107TH CT  
UNIT 102

City DORAL State FL Zip Code 33178-2166

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173572**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN A. MELLOWES**

Mailing Address 9560 N LAKE DR

City MILWAUKEE State WI Zip Code 53217-1451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.167356**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KENNETH BRADLEY MELLOR**

Mailing Address 406 BOWSER RD

City CLARKSVILLE State PA Zip Code 15322-6332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

BLUMLING & GUSKEY, LLP

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166362**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1685 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROSCOE E. MELLOR**

Mailing Address **705 MERCER STREET**  
**APT 4H**

City **NEW YORK** State **NY** Zip Code **10003-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UBS**

Occupation  
**INVESTMENT ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.158964**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRIAN H. MELLSTROM**

Mailing Address **489 MANOR LN**

City **PELHAM** State **NY** Zip Code **10803-2416**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ASSURED GUARANTY**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.179332**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LOURDES MARIA MELO**

Mailing Address **9300 SW 153RD PSGE**

City **MIAMI** State **FL** Zip Code **33196-2852**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.161272**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1686 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LOURDES MARIA MELO**

Mailing Address 9300 SW 153RD PSGE

City	State	Zip Code
MIAMI	FL	33196-2852

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.161272B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MRS. LOURDES MARIA MELO**

Mailing Address 9300 SW 153RD PSGE

City	State	Zip Code
MIAMI	FL	33196-2852

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.165476**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**CLIFFORD MELTZER**

Mailing Address 50100 MANLY

City	State	Zip Code
CHAPEL HILL	NC	27517-8564

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PRACTICE HEALTH

Occupation  
VEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.176918**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

25.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1687 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CLIFFORD MELTZER**

Mailing Address 50100 MANLY

City

CHAPEL HILL

State

NC

Zip Code

27517-8564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRACTICE HEALTH

Occupation

VEO

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179262**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ADDY MELVIN**

Mailing Address PO BOX 953

City

BOCA GRANDE

State

FL

Zip Code

33921-0953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168190**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT MELVILLE**

Mailing Address 6061 REGAL DR SW

City

GRANDVILLE

State

MI

Zip Code

49418-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.165161**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2775.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1688 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT MELVILLE**

Mailing Address 6061 REGAL DR SW

City

GRANDVILLE

State

MI

Zip Code

49418-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.171321**

Date of Receipt

MM / DD / YYYY  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT MELVILLE**

Mailing Address 6061 REGAL DR SW

City

GRANDVILLE

State

MI

Zip Code

49418-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.176342**

Date of Receipt

MM / DD / YYYY  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT A. MELVIN IV**

Mailing Address PO BOX 953

City

BOCA GRANDE

State

FL

Zip Code

33921-0953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE SALES

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168191**

Date of Receipt

MM / DD / YYYY  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2775.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1689 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JASON MENDRO**

Mailing Address 1802 SOLITAIRE LN

City	State	Zip Code
MC LEAN	VA	22101-4200

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GIBSON DUNN**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161142**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MELISSA MENDRO**

Mailing Address 1802 SOLITAIRE LN

City	State	Zip Code
MC LEAN	VA	22101-4200

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARRIOTT**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161141**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ED MERCADO JR.**

Mailing Address 386 MELDO PARK DR

City	State	Zip Code
CORPUS CHRISTI	TX	78411-1626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.157818**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. ED MERCADO JR.**

Mailing Address 386 MELDO PARK DR

City	State	Zip Code
CORPUS CHRISTI	TX	78411-1626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.158704**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. ED MERCADO JR.**

Mailing Address 386 MELDO PARK DR

City	State	Zip Code
CORPUS CHRISTI	TX	78411-1626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.165784**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**MR. ED MERCADO JR.**

Mailing Address 386 MELDO PARK DR

City	State	Zip Code
CORPUS CHRISTI	TX	78411-1626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.172420**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

75.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ED MERCADO JR.**

Mailing Address 386 MELDO PARK DR

City	State	Zip Code
CORPUS CHRISTI	TX	78411-1626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.175012**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ED MERCADO JR.**

Mailing Address 386 MELDO PARK DR

City	State	Zip Code
CORPUS CHRISTI	TX	78411-1626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.179295**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ED MERCADO JR.**

Mailing Address 386 MELDO PARK DR

City	State	Zip Code
CORPUS CHRISTI	TX	78411-1626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

**Transaction ID : SA17.179983**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTINE MERCHANT**

Mailing Address 7299 OAK COVE LN

City

NOBLESVILLE

State

IN

Zip Code

46062-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158080**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MARTHA NAN G. MEREDITH**

Mailing Address PO BOX 119

City

JOHNSON CITY

State

TN

Zip Code

37605-0119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PROPERTY MANAGEMENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171740**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CAROLINE JANE MERISON**

Mailing Address 129 E 69TH ST

City

NEW YORK

State

NY

Zip Code

10021-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175363**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN GUY MERISON**

Mailing Address 129 E 69TH ST

City	State	Zip Code
NEW YORK	NY	10021-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HARTREE**

Occupation  
**COMMODITY TRADER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175364**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALICE MERLIN**

Mailing Address 3014 W FAIR OAKS AVE

City	State	Zip Code
TAMPA	FL	33611-1641

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1001.00

**Transaction ID : SA17.158141**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM F. MERLIN JR.**

Mailing Address 3014 W FAIR OAKS AVE

City	State	Zip Code
TAMPA	FL	33611-1641

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158558**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

3701.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALICE MERLIN**

Mailing Address 3014 W FAIR OAKS AVE

City	State	Zip Code
TAMPA	FL	33611-1641

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1001.00

**Transaction ID : SA17.159271**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM F. MERLIN JR.**

Mailing Address 3014 W FAIR OAKS AVE

City	State	Zip Code
TAMPA	FL	33611-1641

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158558B**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM F. MERLIN SR.**

Mailing Address 3014 W FAIR OAKS AVE

City	State	Zip Code
TAMPA	FL	33611-1641

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.158142**

Date of Receipt

**10 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LYNN S. MERRELL**

Mailing Address 141 LAUREL OAK LN

City	State	Zip Code
VERO BEACH	FL	32963-3836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.168606**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LYNN S. MERRELL**

Mailing Address 141 LAUREL OAK LN

City	State	Zip Code
VERO BEACH	FL	32963-3836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.168607**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LYNN S. MERRELL**

Mailing Address 141 LAUREL OAK LN

City	State	Zip Code
VERO BEACH	FL	32963-3836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.177939**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. COLLIER MERRILL**

Mailing Address PO BOX 710

City	State	Zip Code
PENSACOLA	FL	32591-0710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE FISH HOUSE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173066**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. COURTLAND C. MERRILL**

Mailing Address 4908 YORK AVE S

City	State	Zip Code
MINNEAPOLIS	MN	55410-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ANTHONY OSTLUND**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172986**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEVIN MERRITT**

Mailing Address 202 MOUNTAIN VIEW RD

City	State	Zip Code
POTEAU	OK	74953-1912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LEFLORE COUNTY DISTRICT ATTORNEY**

Occupation  
**ASSISTANT DISTRICT ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.173776**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEVIN MERRITT**

Mailing Address 202 MOUNTAIN VIEW RD

City	State	Zip Code
POTEAU	OK	74953-1912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LEFLORE COUNTY DISTRICT ATTORNEY**

Occupation  
**ASSISTANT DISTRICT ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.174672**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PATRICK MERRITT**

Mailing Address 17-17 STATE RT 208  
STE 126

City	State	Zip Code
FAIR LAWN	NJ	07410-2818

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ROTH & MERRITT PC**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173117**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT W. MERRICK**

Mailing Address 1530 CALHOUN ST

City	State	Zip Code
NEW ORLEANS	LA	70118-6136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LATTER & BLUM, INC.**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174441**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 1698 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHERYL MERRICK**

Mailing Address 1530 CALHOUN ST

City

NEW ORLEANS

State

LA

Zip Code

70118-6136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LATTER & BLUM, INC.

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174438**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM W. MERRILL III**

Mailing Address 2033 MAIN ST  
STE 600

City

SARASOTA

State

FL

Zip Code

34237-6093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ICARD, MERRILL

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158567**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JUSTA PASTORA MESA**

Mailing Address 15299 SW 23RD ST

City

MIAMI

State

FL

Zip Code

33185-5702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOME CLEANING

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.159175**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1699 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. OMAR MESA**

Mailing Address **141 SOLANO PRADO**

City	State	Zip Code
<b>CORAL GABLES</b>	<b>FL</b>	<b>33156-2349</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ONE ZONE DRYWALL**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159261**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALBERT MESSINA**

Mailing Address **439 E 51ST ST**

City	State	Zip Code
<b>NEW YORK</b>	<b>NY</b>	<b>10022-6473</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SILVERCREST ASSET MANAGEMENT**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169894**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JACK L. MESSMAN**

Mailing Address **10826 ROARING BROOK LN**

City	State	Zip Code
<b>HOUSTON</b>	<b>TX</b>	<b>77024-6813</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171813**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1700 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAMON MESTRE**

Mailing Address 2250 SW 131ST PL

City	State	Zip Code
MIAMI	FL	33175-1133

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MIAMI HERALD**

Occupation  
**COLUMNIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.174383**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CAREY METZ**

Mailing Address 256 HEDWIG RD

City	State	Zip Code
HOUSTON	TX	77024-6750

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WHITESIDE ENERGY LP**

Occupation  
**WASTE MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.164119**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CAREY METZ**

Mailing Address 256 HEDWIG RD

City	State	Zip Code
HOUSTON	TX	77024-6750

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WHITESIDE ENERGY LP**

Occupation  
**WASTE MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.164119B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2300.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

6500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1701 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CAREY METZ**

Mailing Address 256 HEDWIG RD

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77024-6750**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WHITESIDE ENERGY LP**

Occupation  
**WASTE MANAGEMENT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5000.00**

**Transaction ID : SA17.178522**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2300.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**KATHLEEN METZ**

Mailing Address PO BOX 728

City  
**SHARON**

State  
**CT**

Zip Code  
**06069-0728**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.162675**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATHLEEN METZ**

Mailing Address PO BOX 728

City  
**SHARON**

State  
**CT**

Zip Code  
**06069-0728**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.170707**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1702 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KATHLEEN METZ**

Mailing Address PO BOX 728

City

SHARON

State

CT

Zip Code

06069-0728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.178489**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS E. MEURER**

Mailing Address 5818 BENT TRL

City

DALLAS

State

TX

Zip Code

75248-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173046**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DENNIS I. MEYER**

Mailing Address 6307 OLM I LANDRITH DR

City

ALEXANDRIA

State

VA

Zip Code

22307-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BAKER & MCKENZIE LLP

Occupation

SENIOR COUNSEL

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.147103**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1703 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DENNIS I. MEYER**

Mailing Address 6307 OLM I LANDRITH DR

City	State	Zip Code
ALEXANDRIA	VA	22307-1318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BAKER & MCKENZIE LLP**

Occupation  
**SENIOR COUNSEL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.A147103**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. RITA MEYER**

Mailing Address 6307 OLM I LANDRITH DR

City	State	Zip Code
ALEXANDRIA	VA	22307-1318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B158333**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item  
REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**JUDGE HANNES MEYERS JR.**

Mailing Address 939 MEADOWLARK CT

City	State	Zip Code
HOLLAND	MI	49424-6602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**VISITING JUDGE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

**Transaction ID : SA17.157456**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

50.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1704 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**JUDGE HANNES MEYERS JR.**  
Mailing Address 939 MEADOWLARK CT

City State Zip Code  
HOLLAND MI 49424-6602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
VISITING JUDGE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

**Transaction ID : SA17.166469**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JUDGE HANNES MEYERS JR.**  
Mailing Address 939 MEADOWLARK CT

City State Zip Code  
HOLLAND MI 49424-6602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
VISITING JUDGE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

**Transaction ID : SA17.168952**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JUDGE HANNES MEYERS JR.**  
Mailing Address 939 MEADOWLARK CT

City State Zip Code  
HOLLAND MI 49424-6602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
VISITING JUDGE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

**Transaction ID : SA17.172656**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

175.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1705 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**JUDGE HANNES MEYERS JR.**  
Mailing Address 939 MEADOWLARK CT

City State Zip Code  
HOLLAND MI 49424-6602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
VISITING JUDGE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

**Transaction ID : SA17.173359**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 02 / 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JIMMY C. MEYER**  
Mailing Address 8103 ROLLING KNOLL CT

City State Zip Code  
SPRINGFIELD VA 22153-2530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.162851**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH PAUL MEYER**  
Mailing Address 225 SEASPRAY AVE

City State Zip Code  
PALM BEACH FL 33480-4228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEYER CAPITAL LLC

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158266**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1105.00

**Total This Period** (last page this line number only) .....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1706 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****LARRY MEYER**

Mailing Address 16938 BROADVIEW DR

City	State	Zip Code
EAST LANSING	MI	48823-9661

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161472**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****LARRY MEYER**

Mailing Address 16938 BROADVIEW DR

City	State	Zip Code
EAST LANSING	MI	48823-9661

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169989**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****RON MEYERS**

Mailing Address 820 N POLLARD ST

City	State	Zip Code
ARLINGTON	VA	22203-1775

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
U.S. GOVERNMENTOccupation  
CIVIL SERVICE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.160519**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1707 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RON MEYERS**

Mailing Address **820 N POLLARD ST**

City

**ARLINGTON**

State

**VA**

Zip Code

**22203-1775**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**U.S. GOVERNMENT**

Occupation

**CIVIL SERVICE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**950.00**

**Transaction ID : SA17.165354**

Date of Receipt

**11 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RON MEYERS**

Mailing Address **820 N POLLARD ST**

City

**ARLINGTON**

State

**VA**

Zip Code

**22203-1775**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**U.S. GOVERNMENT**

Occupation

**CIVIL SERVICE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**950.00**

**Transaction ID : SA17.177570**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RON MEYERS**

Mailing Address **820 N POLLARD ST**

City

**ARLINGTON**

State

**VA**

Zip Code

**22203-1775**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**U.S. GOVERNMENT**

Occupation

**CIVIL SERVICE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**950.00**

**Transaction ID : SA17.177698**

Date of Receipt

**12 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1708 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TODD MEYERS**

Mailing Address 1006 LONGWOOD DR

City

WOODSTOCK

State

GA

Zip Code

30189-1533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KILPATRICK TOWNSEND

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158379**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☐ Memo Item

**CHARGED BACK**

**B. Full Name (Last, First, Middle Initial)**

**MR. LAWRENCE S. MIAO**

Mailing Address 485 MADISON AVE

City

NEW YORK

State

NY

Zip Code

10022-5803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

OLYMPUS CAPITAL

Occupation

FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159123**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY MICA**

Mailing Address 1557 CRISTOBAL DR

City

TALLAHASSEE

State

FL

Zip Code

32303-5625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STATE OF FLORIDA

Occupation

EVENT COORDINATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.155485**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1950.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1709 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALEXANDROS MICHAS**

Mailing Address 36 E 72ND ST

FL 7

City

NEW YORK

State

NY

Zip Code

10021-4289

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JUNIPER INVESTMENT COMPANY

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166060**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ANITA J. H. MICHAELS**

Mailing Address 425 WORTH AVE

APT 5E

City

PALM BEACH

State

FL

Zip Code

33480-6525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

**Transaction ID : SA17.158847**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ANITA J. H. MICHAELS**

Mailing Address 425 WORTH AVE

APT 5E

City

PALM BEACH

State

FL

Zip Code

33480-6525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

**Transaction ID : SA17.158847B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1710 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANITA J. H. MICHAELS**

Mailing Address 425 WORTH AVE

APT 5E

City

PALM BEACH

State

FL

Zip Code

33480-6525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

4800.00

**Transaction ID : SA17.175932**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MRS. PAM MICHAELCHECK**

Mailing Address 620 PARK AVE

City

NEW YORK

State

NY

Zip Code

10065-6591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARINER INVESTMENT GROUP

Occupation

FOUNDER

Receipt For: 2016

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.148121**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PAM MICHAELCHECK**

Mailing Address 620 PARK AVE

City

NEW YORK

State

NY

Zip Code

10065-6591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARINER INVESTMENT GROUP

Occupation

FOUNDER

Receipt For: 2016

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.148121B**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1711 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PAM MICHAELCHECK**

Mailing Address 620 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10065-6591

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MARINER INVESTMENT GROUP

Occupation  
FOUNDER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170917**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MR. SAM MICHAELS**

Mailing Address 2 N BREAKERS ROW  
STE 4

City  
PALM BEACH

State Zip Code  
FL 33480-4040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158881**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVEN MICHAUD**

Mailing Address 45 RIDGEVIEW AVE

City  
GREENWICH

State Zip Code  
CT 06830-4755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180738**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1712 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER MICHEL**

Mailing Address 707 N OVERLOOK DR

City

ALEXANDRIA

State

VA

Zip Code

22305-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BANCROFT PLLC

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.165264**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER MICHEL**

Mailing Address 707 N OVERLOOK DR

City

ALEXANDRIA

State

VA

Zip Code

22305-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BANCROFT PLLC

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.168183**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EMILY MICHEL**

Mailing Address 707 N OVERLOOK DR

City

ALEXANDRIA

State

VA

Zip Code

22305-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168184**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1713 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW M. MIDDLEBROOKS**

Mailing Address **677 E LINCOLN ST**

City <b>BIRMINGHAM</b>	State <b>MI</b>	Zip Code <b>48009-1775</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STEWART CAPITAL MANAGEMENT**

Occupation  
**ASSOCIATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163004**

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. DAILYN MIELES**

Mailing Address **15471 SW 80TH ST**  
**APT 103**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33193-2621</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.174385**

Date of Receipt

M M / D D / Y Y Y Y
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES MIFSUD**

Mailing Address **8550 MALLARD CIR**

City <b>PLAIN CITY</b>	State <b>OH</b>	Zip Code <b>43064-6002</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAW OFFICE OF CHARLES MIFSUD, LLC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.153668**

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**1250.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1714 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES MIFSUD**

Mailing Address 8550 MALLARD CIR

City

PLAIN CITY

State

OH

Zip Code

43064-6002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LAW OFFICE OF CHARLES MIFSUD, LLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.153668B**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES MIFSUD**

Mailing Address 8550 MALLARD CIR

City

PLAIN CITY

State

OH

Zip Code

43064-6002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LAW OFFICE OF CHARLES MIFSUD, LLC

Occupation

ATTORNEY

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.168664**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**BEVERLY MIGNEREY**

Mailing Address 42015 N CLUB POINTE DR

City

ANTHEM

State

AZ

Zip Code

85086-1966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.160739**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

50.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1715 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BEVERLY MIGNEREY**

Mailing Address 42015 N CLUB POINTE DR

City	State	Zip Code
ANTHEM	AZ	85086-1966

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.170345**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BEVERLY MIGNEREY**

Mailing Address 42015 N CLUB POINTE DR

City	State	Zip Code
ANTHEM	AZ	85086-1966

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.174800**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BEVERLY MIGNEREY**

Mailing Address 42015 N CLUB POINTE DR

City	State	Zip Code
ANTHEM	AZ	85086-1966

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.178344**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)** .....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1716 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****BEVERLY MIGNEREY**

Mailing Address 42015 N CLUB POINTE DR

City	State	Zip Code
ANTHEM	AZ	85086-1966

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.179526**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****MR. TOM H. MIGUT**

Mailing Address 1601 EAST ST

City	State	Zip Code
POINT PLEASANT BEACH	NJ	08742-4124

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
OCEAN COUNTYOccupation  
ELECTION INVESTIGATOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.162531**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****WESLEY MILILLO**

Mailing Address 91 FONDA RD

City	State	Zip Code
ROCKVILLE CENTRE	NY	11570-2706

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SOCIETE GENERALEOccupation  
ANALYST

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159378**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

360.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1717 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ASHLEY M. MILLER**

Mailing Address 10310 SEAGRAPE WAY

City	State	Zip Code
PALM BEACH GARDENS	FL	33418-4532

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KAR PROPERTIES**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161197**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.158829**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.159813**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2810.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1718 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.165330**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.165331**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.166052**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1719 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.168958**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.169650**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.170185**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

31.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1720 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City

ELK RIVER

State

MN

Zip Code

55330-4801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.172662**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City

ELK RIVER

State

MN

Zip Code

55330-4801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.173188**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City

ELK RIVER

State

MN

Zip Code

55330-4801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.173190**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1721 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.174185**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MISS CAROLE A. MILLER**

Mailing Address 15922 71ST ST NE

City	State	Zip Code
ELK RIVER	MN	55330-4801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.00

**Transaction ID : SA17.175210**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CHERYL MILLER**

Mailing Address 200 SW 1ST AVE

City	State	Zip Code
FORT LAUDERDALE	FL	33301-1875

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AUTONATION, INC.

Occupation  
CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158238**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1101.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1722 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID W. MILLER**

Mailing Address 3543 LAWRENCE RD

City	State	Zip Code
ORANGE PARK	FL	32073-6935

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158781**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. GAIL MILLER**

Mailing Address 9350 S 150 E  
STE 1000

City	State	Zip Code
SANDY	UT	84070-2721

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LHM GROUP OF COMPANIES

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.156334**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10000.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. GAIL MILLER**

Mailing Address 9350 S 150 E  
STE 1000

City	State	Zip Code
SANDY	UT	84070-2721

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LHM GROUP OF COMPANIES

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170809B**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

50.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1723 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. GAIL MILLER**

Mailing Address 9350 S 150 E  
STE 1000

City SANDY State UT Zip Code 84070-2721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LHM GROUP OF COMPANIES

Occupation  
OWNER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170811**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MRS. GAIL MILLER**

Mailing Address 9350 S 150 E  
STE 1000

City SANDY State UT Zip Code 84070-2721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LHM GROUP OF COMPANIES

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.B170809**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-4600.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**KIM WILSON**

Mailing Address 9350 S 150 E  
STE 1000

City SANDY State UT Zip Code 84070-2721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

**Transaction ID : SA17.B170808**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

4600.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1724 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES MILLER**

Mailing Address 610 W LAKE CT

City  
FINDLAY

State Zip Code  
OH 45840-1254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166874**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY A. MILLER**

Mailing Address 3000 N SAM HOUSTON PKWY E

City  
HOUSTON

State Zip Code  
TX 77032-3219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HALLIBURTON

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.164415**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KYLE MILLER**

Mailing Address 3512 MARQUETTE ST

City  
DALLAS

State Zip Code  
TX 75225-5015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SILVER HILL ENERGY PARTNERS, LLC

Occupation  
E&P

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171068**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1725 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LAURIE A. MILLER**

Mailing Address 2031 SHORE LANE

City	State	Zip Code
BOCA GRANDE	FL	33921-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172313**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SCOTT MILLER**

Mailing Address 125 BROAD ST  
STE 3700

City	State	Zip Code
NEW YORK	NY	10004-2400

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SULLIVAN & CROMWELL LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159371**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SHARON MILLER**

Mailing Address 25 STARBOARD LN

City	State	Zip Code
CUMBERLAND FORESIDE	ME	04110-1429

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172652**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1726 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. SHARON MILLER**

Mailing Address 935 FAIRLINGTON DR

City

LAKELAND

State

FL

Zip Code

33813-1234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PUBLIX SUPERMARKET

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.174989**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. BELEN C. MILLS**

Mailing Address 58 YATES ST

City

QUINCY

State

FL

Zip Code

32351-4971

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172943**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD H. MILLS JR.**

Mailing Address 602 CRESCENT PL

City

RIDGELAND

State

MS

Zip Code

39157-8676

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TELLUS OPERATING GROUP, LLC

Occupation

OIL & GAS MANAGER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173265**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1727 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. SANDRA R. MILLS**

Mailing Address 1500 RUE REYNARD ST

City	State	Zip Code
MENASHA	WI	54952-2946

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**RESEARCHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181144**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TANNER MILNER**

Mailing Address 457 ELAINE RD

City	State	Zip Code
DERIDDER	LA	70634-1845

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DOUBLE D STEAKHOUSE**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

317.00

**Transaction ID : SA17.160921**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TANNER MILNER**

Mailing Address 457 ELAINE RD

City	State	Zip Code
DERIDDER	LA	70634-1845

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DOUBLE D STEAKHOUSE**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

317.00

**Transaction ID : SA17.163827**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2775.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1728 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TANNER MILNER**

Mailing Address 457 ELAINE RD

City

DERIDDER

State

LA

Zip Code

70634-1845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DOUBLE D STEAKHOUSE

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

317.00

**Transaction ID : SA17.167825**

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TANNER MILNER**

Mailing Address 457 ELAINE RD

City

DERIDDER

State

LA

Zip Code

70634-1845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DOUBLE D STEAKHOUSE

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

317.00

**Transaction ID : SA17.170392**

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TANNER MILNER**

Mailing Address 457 ELAINE RD

City

DERIDDER

State

LA

Zip Code

70634-1845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DOUBLE D STEAKHOUSE

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

317.00

**Transaction ID : SA17.178616**

Date of Receipt

MM / DD / YYYY  
12 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1729 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANCISCO MINA**

Mailing Address 2801 WOODS DR N

City

EDINBURG

State

TX

Zip Code

78542-5570

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WIL-CON

Occupation

PM

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177338**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KINYA ROGER MINAMI**

Mailing Address 645 S COLLEGE DR

City

SANTA MARIA

State

CA

Zip Code

93454-5807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SANTA MARIA ULY. GROWERS SUPPLIES

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.164391**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES MINER**

Mailing Address 91 BRETT RD

City

FAIRFIELD

State

CT

Zip Code

06824-1718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169833**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1730 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MR. CHRISTOPHER M. MINER**

Mailing Address PO BOX 2026

City	State	Zip Code
NEWPORT BEACH	CA	92659-1026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MINER BUSINESS ENTERPRISES**

Occupation  
**CEO/PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162928**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**BRENDAN MINITER**

Mailing Address 6805 DELOACHE AVE

City	State	Zip Code
DALLAS	TX	75225-2512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IDEA MANAGEMENT**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.173403**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**MRS. JOANN C. MINSHALL**

Mailing Address 5040 SW 9TH LN

City	State	Zip Code
GAINESVILLE	FL	32607-3866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.171697**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1731 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. DORIS M. MINYARD**

Mailing Address 405 AIRPORT RD

City

BROKEN BOW

State

OK

Zip Code

74728-5120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163220**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. DORIS M. MINYARD**

Mailing Address 405 AIRPORT RD

City

BROKEN BOW

State

OK

Zip Code

74728-5120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171845**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RONALD MIREK**

Mailing Address 3720 E CLARKSTON RD

City

OAKLAND

State

MI

Zip Code

48363-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ADVANTAGE ELECTRIC & CONTROLS,  
INC.

Occupation

GENERAL MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162207**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1732 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SANDRA MIREK**

Mailing Address 3720 E CLARKSTON RD

City	State	Zip Code
OAKLAND	MI	48363-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162206**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. RUY MIRELES**

Mailing Address 2428 CARIANNA AVE

City	State	Zip Code
MISSION	TX	78572-1929

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SOUTH TEXAS NEUROLOGIST CENTER

DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176003**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JESSICA MIRON**

Mailing Address 333 E 43RD ST  
APT 715

City	State	Zip Code
NEW YORK	NY	10017-4826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

BLACK ROCK

FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159857**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1733 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SANJAY MISHRA**

Mailing Address **485 BOLDERWOOD LN**

City <b>CARMEL</b>	State <b>IN</b>	Zip Code <b>46032-8525</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SVC INC.**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159235**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALEX M. MISTRI**

Mailing Address **440 12TH ST NE**  
**APT 107**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002-6385</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GLOVER PARK GROUP**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.181095**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. AMY MITCHELL**

Mailing Address **4321 ST. JOHNS DR.**

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75205-4334</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RIATA CORPORATE GROUP**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169502**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1734 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANITA MITCHELL**

Mailing Address **300 S AUSTRALIAN AVE**  
**UNIT 205**

City **WEST PALM BEACH** State **FL** Zip Code **33401-5088**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**COMMUNICATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.158291**

Date of Receipt

**10 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ANITA MITCHELL**

Mailing Address **300 S AUSTRALIAN AVE**  
**UNIT 205**

City **WEST PALM BEACH** State **FL** Zip Code **33401-5088**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**COMMUNICATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.167562**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ANITA MITCHELL**

Mailing Address **300 S AUSTRALIAN AVE**  
**UNIT 205**

City **WEST PALM BEACH** State **FL** Zip Code **33401-5088**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**COMMUNICATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.175421**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1735 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHASE MITCHELL**

Mailing Address **3876 W MILLERS BRIDGE RD**

City	State	Zip Code
TALLAHASSEE	FL	32312-1051

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158620**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES MITCHELL**

Mailing Address **18709 MELROSE CHASE**

City	State	Zip Code
EDEN PRAIRIE	MN	55347-3483

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SEEONIC CORPORATION**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173067**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DERRICK MITCHELL**

Mailing Address **711 LOUISIANA ST**  
**STE 2300**

City	State	Zip Code
HOUSTON	TX	77002-2770

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRACEWELL & GIULIANI**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.163308**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**750.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1736 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANET MITCHELL**

Mailing Address **58 GREENLEY RD**

City

**NEW CANAAN**

State

**CT**

Zip Code

**06840-3513**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158921**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KIMBERLY MITCHELL**

Mailing Address **332 PILGRIM RD**

City

**WEST PALM BEACH**

State

**FL**

Zip Code

**33405-3214**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**525.00**

**Transaction ID : SA17.160184**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. KIMBERLY MITCHELL**

Mailing Address **332 PILGRIM RD**

City

**WEST PALM BEACH**

State

**FL**

Zip Code

**33405-3214**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**525.00**

**Transaction ID : SA17.163549**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1737 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KIMBERLY MITCHELL**

Mailing Address 332 PILGRIM RD

City	State	Zip Code
WEST PALM BEACH	FL	33405-3214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.167917**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KIMBERLY MITCHELL**

Mailing Address 332 PILGRIM RD

City	State	Zip Code
WEST PALM BEACH	FL	33405-3214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.168042**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. KIMBERLY MITCHELL**

Mailing Address 332 PILGRIM RD

City	State	Zip Code
WEST PALM BEACH	FL	33405-3214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.170135**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1738 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NOAH MALONE MITCHELL III**

Mailing Address 4321 ST. JOHNS DR.

City	State	Zip Code
DALLAS	TX	75205-4334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RIATA CORPORATE GROUP

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169522**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. R. PAUL MITCHELL**

Mailing Address 3876 W MILLERS BRIDGE RD

City	State	Zip Code
TALLAHASSEE	FL	32312-1051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTHERN STRATEGY GROUP

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2790.00

**Transaction ID : SA17.167632**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

90.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. R. PAUL MITCHELL**

Mailing Address 3876 W MILLERS BRIDGE RD

City	State	Zip Code
TALLAHASSEE	FL	32312-1051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTHERN STRATEGY GROUP

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2790.00

**Transaction ID : SA17.167632B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-90.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

2790.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1739 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. R. PAUL MITCHELL**

Mailing Address 3876 W MILLERS BRIDGE RD

City	State	Zip Code
TALLAHASSEE	FL	32312-1051

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTHERN STRATEGY GROUP**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2790.00

**Transaction ID : SA17.183906**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

90.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. STEVEN J. MITCHELL**

Mailing Address 29686 N 126TH DR

City	State	Zip Code
PEORIA	AZ	85383-2483

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OWENS HARKEY AUTOMOTIVE**

Occupation  
**PRESIDENT & PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.164381**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM MITCHELL**

Mailing Address 1117 PRISTINE PL

City	State	Zip Code
ALPHARETTA	GA	30022-1825

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CRUSER AND MITCHELL**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173627**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1740 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PASCUAL MIZCLES**

Mailing Address **2401 W SAM HOUSTON PKWY N**  
**APT 603**

City	State	Zip Code
<b>HOUSTON</b>	<b>TX</b>	<b>77043-2025</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU VERITAS**

Occupation  
**ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.158478**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PASCUAL MIZCLES**

Mailing Address **2401 W SAM HOUSTON PKWY N**  
**APT 603**

City	State	Zip Code
<b>HOUSTON</b>	<b>TX</b>	<b>77043-2025</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU VERITAS**

Occupation  
**ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.168108**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PASCUAL MIZCLES**

Mailing Address **2401 W SAM HOUSTON PKWY N**  
**APT 603**

City	State	Zip Code
<b>HOUSTON</b>	<b>TX</b>	<b>77043-2025</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU VERITAS**

Occupation  
**ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.171398**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1741 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PASCUAL MIZCLES**

Mailing Address **2401 W SAM HOUSTON PKWY N**  
**APT 603**

City **HOUSTON** State **TX** Zip Code **77043-2025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU VERITAS**

Occupation  
**ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.171626**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PASCUAL MIZCLES**

Mailing Address **2401 W SAM HOUSTON PKWY N**  
**APT 603**

City **HOUSTON** State **TX** Zip Code **77043-2025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU VERITAS**

Occupation  
**ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.175321**

Date of Receipt

**12 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PASCUAL MIZCLES**

Mailing Address **2401 W SAM HOUSTON PKWY N**  
**APT 603**

City **HOUSTON** State **TX** Zip Code **77043-2025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU VERITAS**

Occupation  
**ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.177038**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1742 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PASCUAL MIZCLES**

Mailing Address **2401 W SAM HOUSTON PKWY N**  
**APT 603**

City **HOUSTON** State **TX** Zip Code **77043-2025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU VERITAS**

Occupation  
**ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.178604**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PASCUAL MIZCLES**

Mailing Address **2401 W SAM HOUSTON PKWY N**  
**APT 603**

City **HOUSTON** State **TX** Zip Code **77043-2025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU VERITAS**

Occupation  
**ENGINEERING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.178736**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD MIZRACK**

Mailing Address **860 UNITED NATIONS PLZ**

City **NEW YORK** State **NY** Zip Code **10017-1810**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIZRACK & GANTT**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175360**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1743 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CHRISTY ANN MOBERLY**

Mailing Address 3700 YELLOWSTONE DR

City	State	Zip Code
NORMAL	IL	61761-9511

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STATE FARM INSURANCE

Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157871**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOE MOBLEY**

Mailing Address 31 W ADAMS ST  
APT 204

City	State	Zip Code
JACKSONVILLE	FL	32202-3665

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
THE FIORENTINO GROUP

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.170129**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BEN MOE**

Mailing Address 10 SANDPIPER RD

City	State	Zip Code
TAMPA	FL	33609-3528

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AVESTA

Occupation  
PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.156411**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1744 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT MOHLE**

Mailing Address **6494 E QUAIL HIDEAWAY LN**

City	State	Zip Code
APACHE JUNCTION	AZ	85119-8340

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.165804**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DOROTHY V. MOLEY**

Mailing Address **11964 N 120TH PL**

City	State	Zip Code
SCOTTSDALE	AZ	85259-3350

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.174407**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GILBERT MOLINA**

Mailing Address **P.O. BOX 3298**

City	State	Zip Code
PINEDALE	CA	93650-3298

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169483**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1745 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS J. MONAHAN**

Mailing Address 46 DOGWOOD LN

City

NEW CANAAN

State

CT

Zip Code

06840-3921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161187**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BEN MONCRIEF**

Mailing Address 1018 HIGHLAND COLONY PKWY  
STE 300

City

RIDGELAND

State

MS

Zip Code

39157-2068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

C SPIRE

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174190**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARS LAND B. MONCRIEF**

Mailing Address 1900 SPANISH TRL

City

FORT WORTH

State

TX

Zip Code

76107-3541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.164351**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1746 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD W. MONCRIEF**

Mailing Address 1900 SPANISH TRL

City	State	Zip Code
FORT WORTH	TX	76107-3541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MONCRIEF OIL INTERNATIONAL**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.164357**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES L. MONG III**

Mailing Address 7910 HILLCREST RD

City	State	Zip Code
INDIANAPOLIS	IN	46240-2521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CLM PALLET RECYCLING**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161784**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DR. ALBERTO E. MONTALVO**

Mailing Address 5928 RIVERVIEW BLVD

City	State	Zip Code
BRADENTON	FL	34209-1859

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRADENTON CARDIOLOGY**

Occupation  
**CARDIOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173032**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2500.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1747 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID P. MONTGOMERY**

Mailing Address **8525 ARDMORE AVE**

City <b>WYNDMOOR</b>	State <b>PA</b>	Zip Code <b>19038-8454</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE PHILLIES**

Occupation  
**BUSINESS MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166388**

Date of Receipt

M M / D D / Y Y Y Y
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ELAINE MONTGOMERY**

Mailing Address **2130 SAN MARCO BLVD**

City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32207-3269</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.169203**

Date of Receipt

M M / D D / Y Y Y Y
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ELAINE MONTGOMERY**

Mailing Address **2130 SAN MARCO BLVD**

City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32207-3269</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.177177**

Date of Receipt

M M / D D / Y Y Y Y
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**1100.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1748 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. LEONORA RYAN MONTGOMERY**

Mailing Address 2212 DEL MONTE DR

City	State	Zip Code
HOUSTON	TX	77019-3519

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174482**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SUSAN MONTGOMERY**

Mailing Address 200 CRESCENT CT  
STE 1200

City	State	Zip Code
DALLAS	TX	75201-1807

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.169785**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**MR. IKE J. MONTY III**

Mailing Address 7400 VISCOUNT BLVD  
STE 109

City	State	Zip Code
EL PASO	TX	79925-4800

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INVESTMENT BUILDERS, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.181136**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6600.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1749 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAN MOODY**

Mailing Address 709 DORAL CT

City

MIDLAND

State

TX

Zip Code

79705-1926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

OMI, LP

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171062**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES MOODY**

Mailing Address 101 RUE BOCAGE

City

LYNN HAVEN

State

FL

Zip Code

32444-1539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JINKS & MOODY PA

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172505**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MELINDA MOODY**

Mailing Address 709 DORAL CT

City

MIDLAND

State

TX

Zip Code

79705-1926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171061**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1750 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WALKER MOODY**

Mailing Address **6501 WESTCHESTER AVE**

City	State	Zip Code
HOUSTON	TX	77005-3753

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TUDOR, PICKERING, HOLT & CO.**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157678**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LISA MOON**

Mailing Address **1903 N H ST**

City	State	Zip Code
MIDLAND	TX	79705-8716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.168114**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHAN MOON**

Mailing Address **1903 N H ST**

City	State	Zip Code
MIDLAND	TX	79705-8716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE DON EVANS GROUP**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.168115**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1751 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GORDON MOONEY**

Mailing Address 1009 GORDON AVE

City  
THOMASVILLE

State Zip Code  
GA 31792-7438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AG PRO COMPANIES

Occupation  
AGRICULTURE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.155471**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DANIELLE HICKOX MOORE**

Mailing Address 277 PENDLETON AVE

City  
PALM BEACH

State Zip Code  
FL 33480-6118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MARY ALICE FORTIN FOUNDATION

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.162121**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVIS MOORE**

Mailing Address 1815 VIA VISALIA

City  
PALOS VERDES ESTATES

State Zip Code  
CA 90274-2068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WORLDWIDE FACILITIES

Occupation  
INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.160113**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1752 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVIS MOORE**

Mailing Address 1815 VIA VISALIA

City	State	Zip Code
PALOS VERDES ESTATES	CA	90274-2068

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WORLDWIDE FACILITIES**

Occupation  
**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.172447**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DONALD MOORE**

Mailing Address 1281 IVANHOE RD

City	State	Zip Code
MT VERNON	IA	52314-9667

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUCKEYE PIPELINES**

Occupation  
**PETROLEUM PIPELINE SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

377.00

**Transaction ID : SA17.160894**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DONALD MOORE**

Mailing Address 1281 IVANHOE RD

City	State	Zip Code
MT VERNON	IA	52314-9667

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUCKEYE PIPELINES**

Occupation  
**PETROLEUM PIPELINE SPECIALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

377.00

**Transaction ID : SA17.168898**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

375.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1753 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DONALD MOORE**

Mailing Address 1281 IVANHOE RD

City

MT VERNON

State

IA

Zip Code

52314-9667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BUCKEYE PIPELINES

Occupation

PETROLEUM PIPELINE SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

377.00

**Transaction ID : SA17.176831**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DONALD MOORE**

Mailing Address 1281 IVANHOE RD

City

MT VERNON

State

IA

Zip Code

52314-9667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BUCKEYE PIPELINES

Occupation

PETROLEUM PIPELINE SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

377.00

**Transaction ID : SA17.180601**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EDWIN H. MOORE**

Mailing Address 2453 BASS BAY DR

City

TALLAHASSEE

State

FL

Zip Code

32312-3787

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ICUF

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2588.00

**Transaction ID : SA17.164468**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

602.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1754 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ELIZABETH S. MOORE**

Mailing Address 211 S CLAIRE DR

City

PANAMA CITY

State

FL

Zip Code

32401-4025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173109**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JENNIFER L. MOORE**

Mailing Address 1212 WOODCHURCH LN

City

SAINT AUGUSTINE

State

FL

Zip Code

32092-5039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170650**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH MOORE**

Mailing Address PO BOX 84

City

ROSS

State

CA

Zip Code

94957-0084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HANSON

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159445**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1755 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KENNETH MOORE JR.**

Mailing Address 128 VARIETY TREE CIR

City	State	Zip Code
ALTAMONTE SPRINGS	FL	32714-5835

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165968**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KENNETH MOORE JR.**

Mailing Address 128 VARIETY TREE CIR

City	State	Zip Code
ALTAMONTE SPRINGS	FL	32714-5835

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.175682**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW J. MOORE**

Mailing Address 545 E ESTERO LN

City	State	Zip Code
LITCHFIELD PARK	AZ	85340-4235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OWENS HARKEY ADVERTISING

Occupation  
COO/CCO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162068**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1756 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIMOTHY MOORE**

Mailing Address 1700 N MONROE ST  
STE 11-268

City TALLAHASSEE State FL Zip Code 32303-5535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. AGENCY FOR INTERNATIONAL DEVEL

Occupation  
FOREIGN SERVICE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.162408**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RANDALL B. MOORHEAD**

Mailing Address 11990 MARKET ST  
UNIT 717

City RESTON State VA Zip Code 20190-6003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHILLIPS ELECTRONICS

Occupation  
VP GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.177116**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID C. MORAN**

Mailing Address 375 W ROYAL FLAMINGO DR

City SARASOTA State FL Zip Code 34236-1815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173031**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1757 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EAMONN MORAN**

Mailing Address 1320 N VEITCH ST  
UNIT 937

City ARLINGTON State VA Zip Code 22201-6215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WILMERHALE LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163326**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARTA MORANDO**

Mailing Address 4744 E ROAD RUNNER PL

City PARADISE VALLEY State AZ Zip Code 85253-2921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.159558**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARTA MORANDO**

Mailing Address 4744 E ROAD RUNNER PL

City PARADISE VALLEY State AZ Zip Code 85253-2921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.170929**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1758 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARTA MORANDO**

Mailing Address 4744 E ROAD RUNNER PL

City	State	Zip Code
PARADISE VALLEY	AZ	85253-2921

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.171901**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARTA MORANDO**

Mailing Address 4744 E ROAD RUNNER PL

City	State	Zip Code
PARADISE VALLEY	AZ	85253-2921

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.177584**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARTA MORANDO**

Mailing Address 4744 E ROAD RUNNER PL

City	State	Zip Code
PARADISE VALLEY	AZ	85253-2921

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.179139**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1759 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES A. MOREHEAD**

Mailing Address 833 NW 113TH TER

City	State	Zip Code
GAINESVILLE	FL	32606-0401

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UNIVERSITY AIR CENTER

Occupation  
PILOT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.159463**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLES A. MOREHEAD**

Mailing Address 833 NW 113TH TER

City	State	Zip Code
GAINESVILLE	FL	32606-0401

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UNIVERSITY AIR CENTER

Occupation  
PILOT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.168647**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES A. MOREHEAD**

Mailing Address 833 NW 113TH TER

City	State	Zip Code
GAINESVILLE	FL	32606-0401

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UNIVERSITY AIR CENTER

Occupation  
PILOT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.176741**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1760 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MYRA F. MORELAND**

Mailing Address **1763 DORCHESTER RD**

City	State	Zip Code
<b>BIRMINGHAM</b>	<b>MI</b>	<b>48009-5905</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163012**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>10</b>		<b>27</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**OMAR MORELL**

Mailing Address **14459 SW 23RD TER**

City	State	Zip Code
<b>MIAMI</b>	<b>FL</b>	<b>33175-6322</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HEALTH PROMOTIONS LLC**

Occupation  
**ACUPUNCTURIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.162692**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>10</b>		<b>24</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**OMAR MORELL**

Mailing Address **14459 SW 23RD TER**

City	State	Zip Code
<b>MIAMI</b>	<b>FL</b>	<b>33175-6322</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HEALTH PROMOTIONS LLC**

Occupation  
**ACUPUNCTURIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.170992**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>11</b>		<b>24</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1761 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**OMAR MORELL**

Mailing Address 14459 SW 23RD TER

City	State	Zip Code
MIAMI	FL	33175-6322

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HEALTH PROMOTIONS LLC

Occupation  
ACUPUNCTURIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178538**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. TAYLOR MORENO**

Mailing Address 401 INDIAN BLUFF RD

City	State	Zip Code
EL PASO	TX	79912-4109

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CITY OF EL PASO

Occupation  
CHIEF OF STAFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177941**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALLEN MORGAN JR.**

Mailing Address 50 N FRONT ST  
STE 770

City	State	Zip Code
MEMPHIS	TN	38103-1105

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MORGAN, KEEGAN AND CO., INC.

Occupation  
STOCKBROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166608**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2975.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1762 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CINDY MORGAN**

Mailing Address 718 THOMPSON LN

City

NASHVILLE

State

TN

Zip Code

37204-3600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FAIRTRADE/SIMPLEVILLE MUSIC

Occupation

SINGER/SONGWRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159523**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CINDY MORGAN**

Mailing Address 718 THOMPSON LN

City

NASHVILLE

State

TN

Zip Code

37204-3600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FAIRTRADE/SIMPLEVILLE MUSIC

Occupation

SINGER/SONGWRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168652**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CINDY MORGAN**

Mailing Address 718 THOMPSON LN

City

NASHVILLE

State

TN

Zip Code

37204-3600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FAIRTRADE/SIMPLEVILLE MUSIC

Occupation

SINGER/SONGWRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176999**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1763 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HOWARD MORGAN**

Mailing Address 1 PEACH HILL RD

City

DARIEN

State

CT

Zip Code

06820-2821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.159307**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. J. WORTH MORGAN**

Mailing Address 2933 ROBIN RD

City

MEMPHIS

State

TN

Zip Code

38111-2521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUNSTAR INSURANCE

Occupation

INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166617**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES E. MORGAN III**

Mailing Address 7545 SW 53RD CT

City

MIAMI

State

FL

Zip Code

33143-5807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SQUIRE PATTON BOGGS

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162410**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1764 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JON M. MORGAN**

Mailing Address 98 SAN JACINTO BLVD

City	State	Zip Code
AUSTIN	TX	78701-4082

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ANTHEM HOLDINGS, INC.

Occupation  
OIL & GAS INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163341**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KIMBERLY K. MORGAN**

Mailing Address 98 SAN JACINTO BLVD

City	State	Zip Code
AUSTIN	TX	78701-4082

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163340**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LAURA R. MORGAN**

Mailing Address PO BOX 12174

City	State	Zip Code
ATLANTA	GA	30355-2174

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174763**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1765 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEVEN D. MORGAN**

Mailing Address **299 PARK AVE**  
**FL 7**

City **NEW YORK** State **NY** Zip Code **10171-0021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FBR CAPITAL MARKETS**

Occupation  
**STOCK BROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178269**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID MORGENTHALER**

Mailing Address **620 SAND HILL RD**  
**APT 414G**

City **PALO ALTO** State **CA** Zip Code **94304-2085**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160753**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DARRYL MORIN**

Mailing Address **S97W13098 CHAMPIONS DR**

City **MUSKEGO** State **WI** Zip Code **53150-5235**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ADVANCED WIRELESS, INC.**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.165284**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1766 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES MORPHY**

Mailing Address **4 LINDSAY DR**

City

**GREENWICH**

State

**CT**

Zip Code

**06830-3402**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SULLIVAN & CROMWELL LLP**

Occupation

**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159311**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRENT MORRIS**

Mailing Address **PO BOX 3641**

City

**VENTURA**

State

**CA**

Zip Code

**93006-3641**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.161890**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRENT MORRIS**

Mailing Address **PO BOX 3641**

City

**VENTURA**

State

**CA**

Zip Code

**93006-3641**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.172065**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**325.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1767 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRENT MORRIS**

Mailing Address PO BOX 3641

City  
VENTURA

State Zip Code  
CA 93006-3641

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.181761**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEANE MORRIS**

Mailing Address 9636 N KINGS HWY

City  
MYRTLE BEACH

State Zip Code  
SC 29572-4006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ROSSI'S ITALIAN RESTAURANT

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.182224**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

IN-KIND: OFFICE SPACE

**C. Full Name (Last, First, Middle Initial)**

**DICK MORRIS**

Mailing Address 6512 INDIAN HILLS RD

City  
EDINA

State Zip Code  
MN 55439-1007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FRASER-MORRIS ELECTRIC CO.

Occupation  
ELECTRICAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170183**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1768 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN MORRIS**

Mailing Address 510 POWELL DR

City

ANNAPOLIS

State

MD

Zip Code

21401-6527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ECONOMISTS INCORPORATED

Occupation

ECONOMIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170756**

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN L. MORRISON**

Mailing Address 728 WIDSTEN CIR

City

WAYZATA

State

MN

Zip Code

55391-1784

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GOLDNER HAWN JOHNSON &  
MORRISON INC.

Occupation

BUSINESS EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173540**

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH MORRISON**

Mailing Address 196 W CHERRY CIR.

City

MEMPHIS

State

TN

Zip Code

38117-3002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SENTRY, LLC

Occupation

INVESTMENT ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169055**

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1769 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM B. MORRISON**

Mailing Address 137 E FAIRMONT AVE

City	State	Zip Code
NEW CASTLE	PA	16105-2145

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158812**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM B. MORRISON**

Mailing Address 137 E FAIRMONT AVE

City	State	Zip Code
NEW CASTLE	PA	16105-2145

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170609**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. MORRISON JR.**

Mailing Address 315 SOLANO PRADO

City	State	Zip Code
CORAL GABLES	FL	33156-2353

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166304**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1770 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CRAIG MORROW**

Mailing Address 6216 TROON RD

City

FORT WORTH

State

TX

Zip Code

76132-4427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TARRANT TECHNOLOGY

Occupation

SALES/PURCHASING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.165242**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CRAIG MORROW**

Mailing Address 6216 TROON RD

City

FORT WORTH

State

TX

Zip Code

76132-4427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TARRANT TECHNOLOGY

Occupation

SALES/PURCHASING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.166283**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CRAIG MORROW**

Mailing Address 6216 TROON RD

City

FORT WORTH

State

TX

Zip Code

76132-4427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TARRANT TECHNOLOGY

Occupation

SALES/PURCHASING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.177354**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

275.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1771 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. RENEE B. MORSE**

Mailing Address 1020 LAKE SUMTER LNDG

City	State	Zip Code
THE VILLAGES	FL	32162-2699

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172961**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID L. MORZOV**

Mailing Address 9376 WINTERGREEN RD

City	State	Zip Code
PINON HILLS	CA	92372-9643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

**Transaction ID : SA17.158792**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID L. MORZOV**

Mailing Address 9376 WINTERGREEN RD

City	State	Zip Code
PINON HILLS	CA	92372-9643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

**Transaction ID : SA17.170587**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2785.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1772 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT J. MOSELLE**

Mailing Address 337 SW RIVERWAY BLVD

City	State	Zip Code
PALM CITY	FL	34990-4243

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PROPERTY MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179007**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JORDAN MOSKOWITZ**

Mailing Address 3443 KINGSBORO RD NE  
APT 1408

City	State	Zip Code
ATLANTA	GA	30326-3321

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SALESLOFT**

Occupation  
**SDR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.173333**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NORA MOSSA-BASHA**

Mailing Address 5518 SALEM DR S

City	State	Zip Code
CARMEL	IN	46033-8585

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**IU SCHOOL OF MEDICINE**

Occupation  
**MEDICAL STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.157662**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1750.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1773 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NORA MOSSA-BASHA**

Mailing Address 5518 SALEM DR S

City	State	Zip Code
CARMEL	IN	46033-8585

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
IU SCHOOL OF MEDICINE

Occupation  
MEDICAL STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.157663**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NORA MOSSA-BASHA**

Mailing Address 5518 SALEM DR S

City	State	Zip Code
CARMEL	IN	46033-8585

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
IU SCHOOL OF MEDICINE

Occupation  
MEDICAL STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.159771**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MOHAMMED MOTIWALA**

Mailing Address 12 SUNSET RIDGE CIR

City	State	Zip Code
POMONA	CA	91766-4940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FEDERAL GOVERNMENT

Occupation  
FOREIGN SERVICE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

351.00

**Transaction ID : SA17.159598**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

252.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1774 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MOHAMMED MOTIWALA**

Mailing Address 12 SUNSET RIDGE CIR

City	State	Zip Code
POMONA	CA	91766-4940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FEDERAL GOVERNMENT**

Occupation  
**FOREIGN SERVICE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

351.00

**Transaction ID : SA17.163227**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALICE MOTT**

Mailing Address 7205 MEADOW LN

City	State	Zip Code
CHEVY CHASE	MD	20815-5011

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161948**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID MOTT**

Mailing Address 7205 MEADOW LN

City	State	Zip Code
CHEVY CHASE	MD	20815-5011

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEW ENTERPRISE ASSOCIATES**

Occupation  
**VENTURE CAPITALIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161949**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1775 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. RITA E. MOUAWAD**

Mailing Address 21 JULIA CT

City	State	Zip Code
TOWNSHIP OF WASHINGTON	NJ	07676-5108

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172971**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

3400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MRS. RITA E. MOUAWAD**

Mailing Address 21 JULIA CT

City	State	Zip Code
TOWNSHIP OF WASHINGTON	NJ	07676-5108

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172971B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. WALID MOUAWAD**

Mailing Address 21 JULIA CT

City	State	Zip Code
TOWNSHIP OF WASHINGTON	NJ	07676-5108

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
EIG PARTNERS

Occupation  
SENIOR VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.174927**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

3400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1776 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAJIDA M. MOURAD**

Mailing Address 109 N MAIN ST  
STE 1103

City DAYTON State OH Zip Code 45402-1344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHENIERE**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158872**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SATYA MOVVA**

Mailing Address 5783 SUMMER STAR LN

City FRISCO State TX Zip Code 75034-1981

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMTEK CONSULTING**

Occupation  
**SMALL BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.161479**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SATYA MOVVA**

Mailing Address 5783 SUMMER STAR LN

City FRISCO State TX Zip Code 75034-1981

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMTEK CONSULTING**

Occupation  
**SMALL BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.167135**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1777 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SATYA MOVVA**

Mailing Address 5783 SUMMER STAR LN

City	State	Zip Code
FRISCO	TX	75034-1981

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AMTEK CONSULTING**

Occupation  
**SMALL BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.180782**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KYLE MOYER**

Mailing Address 10925 N 78TH ST

City	State	Zip Code
SCOTTSDALE	AZ	85260-5585

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158410**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL MOYER**

Mailing Address 6008 OAK CREEK DR

City	State	Zip Code
MIDLAND	TX	79707-3187

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HENRY RESOURCES**

Occupation  
**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170789**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1778 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEVIN MOYNIHAN**

Mailing Address **330 ELM ST**  
**APT 6**

City **NEW CANAAN** State **CT** Zip Code **06840-5320**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159308**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALLISON MRASEK**

Mailing Address **3724 KNICKERBOCKER PL**  
**APT 3A**

City **INDIANAPOLIS** State **IN** Zip Code **46240-2196**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MJ INSURANCE**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159097**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEAN MRASEK**

Mailing Address **503 VICKSBURG WAY**

City **SOUTHLAKE** State **TX** Zip Code **76092-9370**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TEXAS CHRISTIAN UNIVERSITY**

Occupation  
**STAFF**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.169903**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1779 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**NICHOLAS MUGIIRA**

Mailing Address **PO BOX 15271**

City	State	Zip Code
NORFOLK	VA	23511-0271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US NAVY**

Occupation  
**MILITARY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**366.64**

**Transaction ID : SA17.159994**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NICHOLAS MUGIIRA**

Mailing Address **PO BOX 15271**

City	State	Zip Code
NORFOLK	VA	23511-0271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US NAVY**

Occupation  
**MILITARY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**366.64**

**Transaction ID : SA17.162631**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

**10.16**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NICHOLAS MUGIIRA**

Mailing Address **PO BOX 15271**

City	State	Zip Code
NORFOLK	VA	23511-0271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US NAVY**

Occupation  
**MILITARY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**366.64**

**Transaction ID : SA17.171137**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

**10.16**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**21.32**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1780 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NICHOLAS MUGIIRA**

Mailing Address PO BOX 15271

City

NORFOLK

State

VA

Zip Code

23511-0271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

US NAVY

Occupation

MILITARY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

366.64

**Transaction ID : SA17.178493**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.16

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PARTHA MUKHERJEE**

Mailing Address 990 CHERRINGHAM CT

City

ALPHARETTA

State

GA

Zip Code

30005-2533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WIPRO

Occupation

CONSULTING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171288**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAMIRO MUNGUIA**

Mailing Address 1908 S VILLA REAL DR

City

PHARR

State

TX

Zip Code

78577-6749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STREAM EXPRESS INSURANCE GROUP,  
INC.

Occupation

INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179993**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1510.16

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1781 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ARTEMIO MUNIZ**

Mailing Address 11210 BENTLEY ST

City

HOUSTON

State

TX

Zip Code

77093-2747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

A&M MATTRESS

Occupation

MANUFACTURING CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.162249**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ARTEMIO MUNIZ**

Mailing Address 11210 BENTLEY ST

City

HOUSTON

State

TX

Zip Code

77093-2747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

A&M MATTRESS

Occupation

MANUFACTURING CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.177006**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ARTEMIO MUNIZ**

Mailing Address 11210 BENTLEY ST

City

HOUSTON

State

TX

Zip Code

77093-2747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

A&M MATTRESS

Occupation

MANUFACTURING CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.177006B**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

1700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1782 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ARTEMIO MUNIZ**

Mailing Address 11210 BENTLEY ST

City	State	Zip Code
HOUSTON	TX	77093-2747

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**A&M MATTRESS**

Occupation  
**MANUFACTURING CONSULTANT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.179302**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MIREYA MUNIZ**

Mailing Address 7900 OLD CUTLER RD

City	State	Zip Code
CORAL GABLES	FL	33143-6354

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TELEXPORT INC**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.163563**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MIREYA MUNIZ**

Mailing Address 7900 OLD CUTLER RD

City	State	Zip Code
CORAL GABLES	FL	33143-6354

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TELEXPORT INC**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.171934**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1783 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY W. MUNK**

Mailing Address 4920 UPTON ST NW

City	State	Zip Code
WASHINGTON	DC	20016-2350

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BAKER BOTTS LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158263**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KATHY MUNRO**

Mailing Address 7660 FAY AVE  
# H522

City	State	Zip Code
LA JOLLA	CA	92037-0021

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157017**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GREGORY MUNSON**

Mailing Address 1625 HEDGEFIELD CT

City	State	Zip Code
TALLAHASSEE	FL	32308-0507

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GUNSTER**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.177173**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1784 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SWAROOP MUPPAVARAPU**

Mailing Address **18350 MURDOCK CIR**  
**UNIT 102**

City **PORT CHARLOTTE** State **FL** Zip Code **33948-1024**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172980**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRENDAN MURPHY**

Mailing Address **111 CLEVELAND RD**  
**APT 61**

City **PLEASANT HILL** State **CA** Zip Code **94523-3848**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**TECH MAHINDRA**

**SYSTEMS ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.177741**

Date of Receipt

**12 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRIAN S. MURPHY**

Mailing Address **PO BOX 1312**

City **WASHINGTON** State **DC** Zip Code **20013-1312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**ABA**

**PUBLIC POLICY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.161916**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRIAN S. MURPHY**

Mailing Address PO BOX 1312

City

WASHINGTON

State

DC

Zip Code

20013-1312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ABA

Occupation

PUBLIC POLICY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.172483**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DIANE MURPHY**

Mailing Address 3373 DERONDA DR

City

LOS ANGELES

State

CA

Zip Code

90068-1611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AQUARIUS GROUP LLC

Occupation

BUSINESS CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.164437**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DIANE MURPHY**

Mailing Address 3373 DERONDA DR

City

LOS ANGELES

State

CA

Zip Code

90068-1611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AQUARIUS GROUP LLC

Occupation

BUSINESS CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.171908**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1786 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DIANE MURPHY**

Mailing Address 3373 DERONDA DR

City

LOS ANGELES

State

CA

Zip Code

90068-1611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AQUARIUS GROUP LLC

Occupation

BUSINESS CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.179043**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. JOHN R. MURPHY**

Mailing Address 15604 ALDERSYDE DR

City

CLEVELAND

State

OH

Zip Code

44120-2502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.161536**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARY ANN MURPHEY**

Mailing Address 11504 W 68TH TER

City

SHAWNEE

State

KS

Zip Code

66203-3736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.156949**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1787 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARY ANN MURPHEY**

Mailing Address 11504 W 68TH TER

City

SHAWNEE

State

KS

Zip Code

66203-3736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166312**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. BETH MURRAY**

Mailing Address 1550 LASBURY AVE

City

WINTER PARK

State

FL

Zip Code

32789-2739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158868**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRIAN MURRAY**

Mailing Address 16026 S 11TH PL

City

PHOENIX

State

AZ

Zip Code

85048-8424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUMMIT CONSULTING GROUP

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159441**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1788 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRED MURRAY**

Mailing Address **PO BOX 774**

City

**WASHINGTON**

State

**DC**

Zip Code

**20044-0774**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**GRANT THORNTON LLP**

Occupation

**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**335.00**

**Transaction ID : SA17.162404**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRED MURRAY**

Mailing Address **PO BOX 774**

City

**WASHINGTON**

State

**DC**

Zip Code

**20044-0774**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**GRANT THORNTON LLP**

Occupation

**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**335.00**

**Transaction ID : SA17.177167**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK MURRAY**

Mailing Address **649 CAMBRIDGE BLVD SE**

City

**GRAND RAPIDS**

State

**MI**

Zip Code

**49506-2810**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MEIJER**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.168949**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2850.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1789 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK MURRAY**

Mailing Address **649 CAMBRIDGE BLVD SE**

City	State	Zip Code
GRAND RAPIDS	MI	49506-2810

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MEIJER**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.168949B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK MURRAY**

Mailing Address **649 CAMBRIDGE BLVD SE**

City	State	Zip Code
GRAND RAPIDS	MI	49506-2810

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MEIJER**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.174791**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**EUGENE MURTHA**

Mailing Address **447 VALLETTA CT**

City	State	Zip Code
PUNTA GORDA	FL	33950-8052

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.169843**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1790 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THERESA MURTHA**

Mailing Address 447 VALLETTA CT

City

PUNTA GORDA

State

FL

Zip Code

33950-8052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169842**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN MUSE**

Mailing Address 2100 MCKINNEY AVE., #1600

City

DALLAS

State

TX

Zip Code

75201-2171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KAINOS CAPITAL

Occupation

NON-EXEC. CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169504**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRYAN MUSSARD**

Mailing Address 8815 SWEETWATER RD

City

DILLON

State

MT

Zip Code

59725-6518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

RANCHER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165883**

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1791 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES MUSSER**

Mailing Address **141 PEMBROKE LN**

City

**SPRING MILLS**

State

**PA**

Zip Code

**16875-9108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**285.00**

**Transaction ID : SA17.162560**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLES MUSSER**

Mailing Address **141 PEMBROKE LN**

City

**SPRING MILLS**

State

**PA**

Zip Code

**16875-9108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**285.00**

**Transaction ID : SA17.162818**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES MUSSER**

Mailing Address **141 PEMBROKE LN**

City

**SPRING MILLS**

State

**PA**

Zip Code

**16875-9108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**285.00**

**Transaction ID : SA17.164575**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**125.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1792 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES MUSSER**

Mailing Address 141 PEMBROKE LN

City

SPRING MILLS

State

PA

Zip Code

16875-9108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

**Transaction ID : SA17.181569**

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CLIFFORD A. MUSSELMAN**

Mailing Address 306 RHODES RD

City

VICTORIA

State

TX

Zip Code

77904-1458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

RANCHING

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.157595**

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CLIFFORD A. MUSSELMAN**

Mailing Address 306 RHODES RD

City

VICTORIA

State

TX

Zip Code

77904-1458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

RANCHING

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.164137**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1793 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CLIFFORD A. MUSSELMAN**

Mailing Address 306 RHODES RD

City  
VICTORIA

State  
TX

Zip Code  
77904-1458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.170319**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CLIFFORD A. MUSSELMAN**

Mailing Address 306 RHODES RD

City  
VICTORIA

State  
TX

Zip Code  
77904-1458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.177353**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CLIFFORD A. MUSSELMAN**

Mailing Address 306 RHODES RD

City  
VICTORIA

State  
TX

Zip Code  
77904-1458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.178051**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1794 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LUCIA N. MUSSO**

Mailing Address **148 EL MIRASOL**

City

**PALM BEACH**

State

**FL**

Zip Code

**33480-3611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158879**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KENNETH W. MUTH**

Mailing Address **1500 E HENRY CLAY ST**

City

**WHITEFISH BAY**

State

**WI**

Zip Code

**53217-5722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MUTH COMPANY**

Occupation

**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.167355**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PETER MUTH**

Mailing Address **56 REMENSCHNEIDER RD**

City

**JEFFERSONVILLE**

State

**NY**

Zip Code

**12748-6029**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**261.00**

**Transaction ID : SA17.157157**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2025.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1795 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PETER MUTH**

Mailing Address **56 REMENSCHNEIDER RD**

City	State	Zip Code
JEFFERSONVILLE	NY	12748-6029

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**261.00**

**Transaction ID : SA17.165198**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PETER MUTH**

Mailing Address **56 REMENSCHNEIDER RD**

City	State	Zip Code
JEFFERSONVILLE	NY	12748-6029

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**261.00**

**Transaction ID : SA17.169329**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PETER MUTH**

Mailing Address **56 REMENSCHNEIDER RD**

City	State	Zip Code
JEFFERSONVILLE	NY	12748-6029

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**261.00**

**Transaction ID : SA17.172713**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**51.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1796 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PETER MUTH**

Mailing Address **56 REMENSCHNEIDER RD**

City	State	Zip Code
JEFFERSONVILLE	NY	12748-6029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**261.00**

**Transaction ID : SA17.176412**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PETER MUTH**

Mailing Address **56 REMENSCHNEIDER RD**

City	State	Zip Code
JEFFERSONVILLE	NY	12748-6029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**261.00**

**Transaction ID : SA17.179994**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PETER MUTH**

Mailing Address **56 REMENSCHNEIDER RD**

City	State	Zip Code
JEFFERSONVILLE	NY	12748-6029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**261.00**

**Transaction ID : SA17.181002**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1797 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ADRIENE G. MYERS**

Mailing Address **411 FENIMORE ST**

City	State	Zip Code
<b>BROOKLYN</b>	<b>NY</b>	<b>11225-5905</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WHITE & HAINES ADVANCED DENTISTRY**

Occupation  
**OFFICE MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170073**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID MYERS**

Mailing Address **35 W 92ND ST**  
**APT 8**

City	State	Zip Code
<b>NEW YORK</b>	<b>NY</b>	<b>10025-7639</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ACADEMY SECURITIES**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159129**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID MYERS**

Mailing Address **35 W 92ND ST**  
**APT 8**

City	State	Zip Code
<b>NEW YORK</b>	<b>NY</b>	<b>10025-7639</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ACADEMY SECURITIES**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.160396**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1798 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.156398**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.159513**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.162730**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

60.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1799 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.165200**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.165744**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.166269**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

55.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1800 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.169012**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.171995**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.171996**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

51.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1801 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.172000**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.174659**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City	State	Zip Code
LAKE RONKONKOMA	NY	11779-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.175566**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

40.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1802 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City

LAKE RONKONKOMA

State

NY

Zip Code

11779-2281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.176429**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILOMENA MYERS**

Mailing Address 205 LORENZO CIR

City

LAKE RONKONKOMA

State

NY

Zip Code

11779-2281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.00

**Transaction ID : SA17.179995**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHANNON W. MYERS**

Mailing Address 411 FENIMORE ST

City

BROOKLYN

State

NY

Zip Code

11225-5905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MICHAEL WALTRIP RACING

Occupation

COACH/TIRE CHANGER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170063**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2730.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1803 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CLAIRE LUNA MYSSSE**

Mailing Address 35 PAPPAGALLO PT

City	State	Zip Code
ALISO VIEJO	CA	92656-1377

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JURY IMPACT

Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155179**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CLAIRE LUNA MYSSSE**

Mailing Address 35 PAPPAGALLO PT

City	State	Zip Code
ALISO VIEJO	CA	92656-1377

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JURY IMPACT

Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.A155179**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL MYSSSE**

Mailing Address 35 PAPPAGALLO PT

City	State	Zip Code
ALISO VIEJO	CA	92656-1377

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B170923**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1804 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FRANK NAGLER**

Mailing Address 6033 ROSEWOOD PKWY

City	State	Zip Code
WHITE LAKE	MI	48383-2789

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LAUTREC LTD

Occupation  
DIRECTOR OF IT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160040**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER NAGORSKI**

Mailing Address 2648 HARROW WAY

City	State	Zip Code
SHELBY TOWNSHIP	MI	48316-1261

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SKYLINE PROPERTY GROUP, INC

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159493**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALAIN NAHAS**

Mailing Address 30 LEICESTER CT

City	State	Zip Code
PRINCETON	NJ	08540-7335

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DEXAR WORLD TRADE LLC

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.159835**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3750.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1805 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALAIN NAHAS**

Mailing Address 30 LEICESTER CT

City

PRINCETON

State

NJ

Zip Code

08540-7335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DEXTAR WORLD TRADE LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.162725**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALAIN NAHAS**

Mailing Address 30 LEICESTER CT

City

PRINCETON

State

NJ

Zip Code

08540-7335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DEXTAR WORLD TRADE LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.166782**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALAIN NAHAS**

Mailing Address 30 LEICESTER CT

City

PRINCETON

State

NJ

Zip Code

08540-7335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DEXTAR WORLD TRADE LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.170766**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1806 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALAIN NAHAS**

Mailing Address **30 LEICESTER CT**

City <b>PRINCETON</b>	State <b>NJ</b>	Zip Code <b>08540-7335</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DEXTAR WORLD TRADE LLC**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.178494**

Date of Receipt

M M / D D / Y Y Y Y
12 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID NALCHAJIAN**

Mailing Address **3234 W SPRUCE AVE**

City <b>FRESNO</b>	State <b>CA</b>	Zip Code <b>93711-0255</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DAVID NALCHAJIAN, INC.**

Occupation  
**SPONSORSHIP SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161884**

Date of Receipt

M M / D D / Y Y Y Y
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. TERESA B. NALLY**

Mailing Address **1265 S GRAND AVE**

City <b>PASADENA</b>	State <b>CA</b>	Zip Code <b>91105-2835</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.159571**

Date of Receipt

M M / D D / Y Y Y Y
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1807 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIM NANK**

Mailing Address PO BOX 150141

City

ALEXANDRIA

State

VA

Zip Code

22315-0141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
NANK STRAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

880.00

**Transaction ID : SA17.164271**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIM NANK**

Mailing Address PO BOX 150141

City

ALEXANDRIA

State

VA

Zip Code

22315-0141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
NANK STRAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

880.00

**Transaction ID : SA17.167040**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIM NANK**

Mailing Address PO BOX 150141

City

ALEXANDRIA

State

VA

Zip Code

22315-0141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
NANK STRAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

880.00

**Transaction ID : SA17.167859**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

105.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1808 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIM NANK**

Mailing Address PO BOX 150141

City

ALEXANDRIA

State

VA

Zip Code

22315-0141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
NANK STRAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

880.00

**Transaction ID : SA17.171661**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIM NANK**

Mailing Address PO BOX 150141

City

ALEXANDRIA

State

VA

Zip Code

22315-0141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
NANK STRAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

880.00

**Transaction ID : SA17.172271**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIM NANK**

Mailing Address PO BOX 150141

City

ALEXANDRIA

State

VA

Zip Code

22315-0141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
NANK STRAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

880.00

**Transaction ID : SA17.174907**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1809 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIM NANK**

Mailing Address PO BOX 150141

City

ALEXANDRIA

State

VA

Zip Code

22315-0141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

NANK STRAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

880.00

**Transaction ID : SA17.177063**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIM NANK**

Mailing Address PO BOX 150141

City

ALEXANDRIA

State

VA

Zip Code

22315-0141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

NANK STRAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

880.00

**Transaction ID : SA17.178721**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIM NANK**

Mailing Address PO BOX 150141

City

ALEXANDRIA

State

VA

Zip Code

22315-0141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

NANK STRAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

880.00

**Transaction ID : SA17.179462**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1810 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID P. NANNEY JR.**

Mailing Address 8617 COLD SPRINGS RD

City

RALEIGH

State

NC

Zip Code

27615-3108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KIRSCHBAUM, NANNEY, KEENAN & GRIFFIN

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166419**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. PRISCILLA NANNEY**

Mailing Address 8617 COLD SPRINGS RD

City

RALEIGH

State

NC

Zip Code

27615-3108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

PHARMACIST

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166366**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY NANULA**

Mailing Address 17848 OLD WINEMASTER WAY

City

POWAY

State

CA

Zip Code

92064-1062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163048**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1811 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARIE M. NASH**

Mailing Address 7020 PECK AVE

City

ANCHORAGE

State

AK

Zip Code

99504-1158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.169418**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MARIE M. NASH**

Mailing Address 7020 PECK AVE

City

ANCHORAGE

State

AK

Zip Code

99504-1158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.171827**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARIE M. NASH**

Mailing Address 7020 PECK AVE

City

ANCHORAGE

State

AK

Zip Code

99504-1158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.178945**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1812 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BETTINA NAVA**

Mailing Address 5736 N 2ND AVE

City	State	Zip Code
PHOENIX	AZ	85013-1838

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
OH STRATEGIC

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159439**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRIGHTON NDEBELE**

Mailing Address 5735 HEADQUARTERS DR

City	State	Zip Code
PLANO	TX	75024-5878

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JAVELIN MARKETING GROUP

Occupation  
SENIOR ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.168177**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANICE NEAL**

Mailing Address 1460 COUNTY ROAD 291

City	State	Zip Code
CULLMAN	AL	35057-5121

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162643**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1813 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANICE NEAL**

Mailing Address 1460 COUNTY ROAD 291

City	State	Zip Code
CULLMAN	AL	35057-5121

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171194**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANICE NEAL**

Mailing Address 1460 COUNTY ROAD 291

City	State	Zip Code
CULLMAN	AL	35057-5121

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.178630**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANICE NEAL**

Mailing Address 1460 COUNTY ROAD 291

City	State	Zip Code
CULLMAN	AL	35057-5121

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179999**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1814 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT D. NEARY**

Mailing Address 32980 CREEKSIDE DR

City

PEPPER PIKE

State

OH

Zip Code

44124-5273

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.160600**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD A. NEATON**

Mailing Address 3071 RIVERSHORE LN

City

PORT CHARLOTTE

State

FL

Zip Code

33953-5696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVERSHORE INVESTMENT RESEARCH

Occupation

INVESTMENT JOURNALIST

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172981**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. BARBARA L. NECKERS**

Mailing Address 454 BROOK AVE

City

PASSAIC

State

NJ

Zip Code

07055-2445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158834**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1815 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. BARBARA L. NECKERS**

Mailing Address **454 BROOK AVE**

City  
**PASSAIC**

State  
**NJ**

Zip Code  
**07055-2445**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.171848**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. OWEN D. NEE**

Mailing Address **701 FOREST AVE**

City  
**RYE**

State  
**NY**

Zip Code  
**10580-3261**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GREENBERG TRAUIG LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.156650**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD J. NEESON**

Mailing Address **605 LONGCHAMPS DR**

City  
**DEVON**

State  
**PA**

Zip Code  
**19333-1867**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INDEPENDENCE BLUE CROSS**

Occupation  
**BUSINESS EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166341**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1816 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN NEIGHBOURS**

Mailing Address **8190 N PENNSYLVANIA ST**

City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46240-2535</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FAEGRE BAKER DANIELS**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.159337**

Date of Receipt

M M / D D / Y Y Y Y
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**EDWARD NELSON**

Mailing Address **1600 NW CRISTA SHORES LN**  
**#216**

City <b>SILVERDALE</b>	State <b>WA</b>	Zip Code <b>98383-9101</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.166705**

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDWARD NELSON**

Mailing Address **1600 NW CRISTA SHORES LN**  
**#216**

City <b>SILVERDALE</b>	State <b>WA</b>	Zip Code <b>98383-9101</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.174040**

Date of Receipt

M M / D D / Y Y Y Y
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1817 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EDWARD NELSON**

Mailing Address 1600 NW CRISTA SHORES LN  
#216

City SILVERDALE State WA Zip Code 98383-9101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.178222**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FORREST ELWOOD NELSON**

Mailing Address 1201 CLUB CT  
UNIT A

City GRAND JUNCTION State CO Zip Code 81506-7302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158681**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GORDON L. NELSON**

Mailing Address PO BOX 2366

City MELBOURNE State FL Zip Code 32902-2366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLORIDA INSTITUTE OF TECHNOLOGY

Occupation  
PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161770**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

800.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1818 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****JAMES NELSON**

Mailing Address 16708 RUGOSA ROSE DR

City	State	Zip Code
EDMOND	OK	73012-8455

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MANHATTAN CONSTRUCTION CO.Occupation  
CONSTRUCTION MANAGER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157079**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****MR. KENNETH NELSON JR.**

Mailing Address 801 N MONROE ST

City	State	Zip Code
ARLINGTON	VA	22201-2367

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RSM US, LLPOccupation  
CONSULTANT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.163322**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****RALPH DANIEL NELSON**

Mailing Address 11045 E ROLLING ROCK DR

City	State	Zip Code
SCOTTSDALE	AZ	85262-5215

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162366**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1819 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANK NESSINGER**

Mailing Address **80 S JERSEY ST**

City

**DENVER**

State

**CO**

Zip Code

**80224-1035**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**FOURPOINT ENERGY, LLC**

Occupation

**EVP, LAND**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.158415**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LAURENCE NEUHAUS**

Mailing Address **4874 POST OAK TIMBER DR**

City

**HOUSTON**

State

**TX**

Zip Code

**77056-2210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEUHAUS INVESTMENT COMPANY**

Occupation

**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.176518**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CELESTE NEUMAN**

Mailing Address **1600 EASTWOOD LN**

City

**LEXINGTON**

State

**KY**

Zip Code

**40502-3900**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.181583**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1820 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TARL NEUSTAEDTER**

Mailing Address **1 CLOCKTOWER PL**  
**APT 509**

City **NASHUA** State **NH** Zip Code **03060-3379**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ORACLE CORPORATION**

Occupation  
**FIRMWARE ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.164550**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GINNY NEVINS**

Mailing Address **334 LAKESHORE DR**

City **BERKELEY LAKE** State **GA** Zip Code **30096-3032**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WINDSOR REALTY**

Occupation  
**BROKER/OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.161455**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GINNY NEVINS**

Mailing Address **334 LAKESHORE DR**

City **BERKELEY LAKE** State **GA** Zip Code **30096-3032**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WINDSOR REALTY**

Occupation  
**BROKER/OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169994**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1100.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1821 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS NEWBERN**

Mailing Address **228 DUBRAY MANOR DR**

City

**COLLIERVILLE**

State

**TN**

Zip Code

**38017-3950**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFF**

Occupation

**INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.166619**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALICE NEWHOUSE**

Mailing Address **3698 OLD LIGHTHOUSE CIR**

City

**WELLINGTON**

State

**FL**

Zip Code

**33414-8843**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THE COUNTRY CLUB OF FLORIDA**

Occupation

**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.172500**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. JANE E. NEWMAN**

Mailing Address **PO BOX 57**

City

**PORTSMOUTH**

State

**NH**

Zip Code

**03802-0057**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.165569**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1822 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES E. NEWSOME**

Mailing Address **5 BYRAM CT**

City

**MENDHAM**

State

**NJ**

Zip Code

**07945-2932**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEW YORK MERCANTILE EXCHANGE**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175910**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HUU NGUYEN**

Mailing Address **427 AZTEC DR**

City

**CAROL STREAM**

State

**IL**

Zip Code

**60188-1530**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**VIETNAMESE NEW HOPE CHURCH**

Occupation

**CLERGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.166825**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HUU NGUYEN**

Mailing Address **427 AZTEC DR**

City

**CAROL STREAM**

State

**IL**

Zip Code

**60188-1530**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**VIETNAMESE NEW HOPE CHURCH**

Occupation

**CLERGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.173903**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1823 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HUU NGUYEN**

Mailing Address **427 AZTEC DR**

City

**CAROL STREAM**

State

**IL**

Zip Code

**60188-1530**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**VIETNAMESE NEW HOPE CHURCH**

Occupation

**CLERGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.178223**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. NGAI XUAN NGUYEN M.D.**

Mailing Address **696 E SANTA CLARA ST  
STE 108**

City

**SAN JOSE**

State

**CA**

Zip Code

**95112-1911**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.157353**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES NICAS**

Mailing Address **3859A 25TH ST**

City

**SAN FRANCISCO**

State

**CA**

Zip Code

**94114-3905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STANFORD UNIVERSITY**

Occupation

**RESEARCHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.180002**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**225.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1824 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PHILIP A. NICELY**

Mailing Address 7916 RIDGE RD

City

INDIANAPOLIS

State

IN

Zip Code

46240-2540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BOSE, MCKINNEY & EVANS

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161332**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ALICIA NICHOLSON**

Mailing Address 210 CLOVERLY RD

City

GROSSE POINTE FARMS

State

MI

Zip Code

48236-3317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165621**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ALICIA NICHOLSON**

Mailing Address 210 CLOVERLY RD

City

GROSSE POINTE FARMS

State

MI

Zip Code

48236-3317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166543**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1825 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. BARBARA E. NICHOLS**

Mailing Address PO BOX 3031

City

POCASSET

State

MA

Zip Code

02559-3031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NICHOLS TRUCKING CO. INC.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.163352**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. BARBARA E. NICHOLS**

Mailing Address PO BOX 3031

City

POCASSET

State

MA

Zip Code

02559-3031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NICHOLS TRUCKING CO. INC.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.165417**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL EDWARD NICHOLSON**

Mailing Address 3607 WALNUT BROOK DR

City

ROCHESTER HILLS

State

MI

Zip Code

48309-4068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GM

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171809**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

560.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1826 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FRANCIS WILLIAM NICHOLSON II**

Mailing Address 555 30TH ST  
#325

City BOLDER State CO Zip Code 80303-2309

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.162855**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FRANCIS WILLIAM NICHOLSON II**

Mailing Address 555 30TH ST  
#325

City BOLDER State CO Zip Code 80303-2309

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.172350**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GARY NICHOLS**

Mailing Address PO BOX 426

City CHECOTAH State OK Zip Code 74426-0426

FEC ID number of contributing federal political committee.

C

Name of Employer  
GLNINC

Occupation  
GROCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.167050**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1827 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GARY NICHOLS**

Mailing Address PO BOX 426

City

CHECOTAH

State

OK

Zip Code

74426-0426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GLNINC

Occupation

GROCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.180003**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES C. NICHOLSON**

Mailing Address 3000 FRANKFORT RD

City

VERSAILLES

State

KY

Zip Code

40383-9719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DIAMOND FARMS

Occupation

HORSE TRAINER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165448**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES M. NICHOLSON**

Mailing Address 1672 N RENAUD RD

City

GROSSE POINTE WOODS

State

MI

Zip Code

48236-4007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PVS CHEMICALS

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162146**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1828 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY NICHOLSON**

Mailing Address 3007 SOUTHAVEN DR

City	State	Zip Code
HATTIESBURG	MS	39402-3047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174772**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN S. NICHOLSON**

Mailing Address 210 CLOVERLY RD

City	State	Zip Code
GROSSE POINTE FARMS	MI	48236-3317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer PVS CHEMICALS, INC.	Occupation VICE PRESIDENT
---	------------------------------

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165622**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MAEGAN F. NICHOLSON**

Mailing Address 3000 FRANKFORT RD

City	State	Zip Code
VERSAILLES	KY	40383-9719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
---	---

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164404**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1829 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY E. NICHOLSON**

Mailing Address 1672 N RENAUD RD

City	State	Zip Code
GROSSE POINTE WOODS	MI	48236-4007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162134**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**REBECCA LOIS NICHOLSON**

Mailing Address 2001 SW 16TH ST  
APT E28

City	State	Zip Code
GAINESVILLE	FL	32608-1431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FOREIGN LANGUAGE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171245**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**REBECCA LOIS NICHOLSON**

Mailing Address 2001 SW 16TH ST  
APT E28

City	State	Zip Code
GAINESVILLE	FL	32608-1431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FOREIGN LANGUAGE TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178608**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1830 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.159410**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.163134**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.164173**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

225.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1831 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.165345**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.165929**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.166285**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

85.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1832 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.166349**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.166522**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.168170**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

155.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1833 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.168479**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.168500**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

22.50

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.169079**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

72.50

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1834 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.170410**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.172783**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.173408**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

125.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1835 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.174687**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.175255**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.176532**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

150.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1836 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.176533**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.177999**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.179756**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

100.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1837 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.180004**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE NICHOLSON**

Mailing Address 453 CR 4932

City	State	Zip Code
KEMPNER	TX	76539-8045

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
U.S. ARMY CIVILIAN

Occupation  
TRAINING SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1412.50

**Transaction ID : SA17.180005**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY F. NICHOLSON**

Mailing Address 4 WOODLAND PL

City	State	Zip Code
GROSSE POINTE	MI	48230-1920

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PVS NOLWOOD CHEMICALS, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168714**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

3200.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page** (optional).....

3300.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1838 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. STEPHANIE NICHOLSON**

Mailing Address 4 WOODLAND PL

City

GROSSE POINTE

State

MI

Zip Code

48230-1920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175736**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY F. NICHOLSON**

Mailing Address 4 WOODLAND PL

City

GROSSE POINTE

State

MI

Zip Code

48230-1920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PVS NOLWOOD CHEMICALS, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168714B**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MS. EVELYN NICKEL**

Mailing Address 6525 NE PORT DR

City

LINCOLN CITY

State

OR

Zip Code

97367-9448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.157232**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

25.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1839 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. EVELYN NICKEL**

Mailing Address 6525 NE PORT DR

City

LINCOLN CITY

State

OR

Zip Code

97367-9448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.174449**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. EVELYN NICKEL**

Mailing Address 6525 NE PORT DR

City

LINCOLN CITY

State

OR

Zip Code

97367-9448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.177886**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JACQUELINE T. NIEKAMP**

Mailing Address 42 LYNNBROOK RD

City

SAINT LOUIS

State

MO

Zip Code

63131-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

278.00

**Transaction ID : SA17.161805**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-50.00



Memo Item

**CHARGED BACK**

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1840 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JACQUELINE T. NIEKAMP**  
Mailing Address 42 LYNNBROOK RD

City State Zip Code  
SAINT LOUIS MO 63131-2925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

278.00

**Transaction ID : SA17.179197**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 28 / 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT NIEMEYER**  
Mailing Address 233 WILSHIRE BLVD

City State Zip Code  
SANTA MONICA CA 90401-1205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOLD CIRCLE ENTERTAINMENT

Occupation  
COO/ MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163226**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BARRY NIENBERG**  
Mailing Address 32259 CROSS BOW ST

City State Zip Code  
BEVERLY HILLS MI 48025-3406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LAUTREC LTD

Occupation  
CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159485**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5450.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1841 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MR. GREGORY NITZKOWSKI**

Mailing Address 5118 HILLARD AVE

City	State	Zip Code
LA CANADA	CA	91011-1509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PAUL HASTINGS LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177119**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**BRYCE NOEL**

Mailing Address 1806 PALISADES DR

City	State	Zip Code
PACIFIC PALISADES	CA	90272-2120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BLACK DIAMOND STRATEGIES INC.

Occupation  
FOUNDER AND PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.170934**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**MR. MARC NOEL**

Mailing Address 10729 TREGO TRL

City	State	Zip Code
RALEIGH	NC	27614-9660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NOEL GROUP LLC

Occupation  
ENTREPRENEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166367**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1842 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH B. NOFAR**

Mailing Address 29260 AUGUSTA

City	State	Zip Code
FARMINGTON HILLS	MI	48331-4829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BAHJUT INVESTMENTS**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163026**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. NADA NOFAR**

Mailing Address 29260 AUGUSTA

City	State	Zip Code
FARMINGTON HILLS	MI	48331-4829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163009**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN NOFFO KAHN**

Mailing Address 251 JUNGLE RD

City	State	Zip Code
PALM BEACH	FL	33480-4811

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163544**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1843 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL C. NOLAN**

Mailing Address 31 CLINTON AVE

City

MONTCLAIR

State

NJ

Zip Code

07042-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JP MORGAN SECURITIES

Occupation

MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157995**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIOT CHASE NOLEN**

Mailing Address 11090 TURTLE BEACH RD

City

NORTH PALM BEACH

State

FL

Zip Code

33408-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178979**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILSON NOLEN**

Mailing Address 11090 TURTLE BEACH RD

City

NORTH PALM BEACH

State

FL

Zip Code

33408-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178975**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1844 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHEILA S. NOLL**

Mailing Address 133 TRADEWINDS DR

City

YORKTOWN

State

VA

Zip Code

23693-5583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

YORK COUNTY

Occupation

SUPERVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.165624**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ILENE NOLTE**

Mailing Address 406 CARRIAGE LN

City

WYCKOFF

State

NJ

Zip Code

07481-2307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168619**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAYMOND NOLTE**

Mailing Address 406 CARRIAGE LN

City

WYCKOFF

State

NJ

Zip Code

07481-2307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SKYBRIDGE CAPITAL

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168620**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1845 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. NORMA JEAN NOLTING**

Mailing Address 800 W MILWAUKEE ST  
TRLR 67

City State Zip Code  
NEW HAMPTON IA 50659-1051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.158767**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. NORMA JEAN NOLTING**

Mailing Address 800 W MILWAUKEE ST  
TRLR 67

City State Zip Code  
NEW HAMPTON IA 50659-1051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.175668**

Date of Receipt

M M / D D / Y Y Y Y  
12 15 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MAUREEN R. NOONAN**

Mailing Address 2129 FLORIDA AVE NW  
APT 101

City State Zip Code  
WASHINGTON DC 20008-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BARBUS FIANDLES ENTERPRISES

Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.162997**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1846 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. ASMATH NOOR**

Mailing Address 11274 FIRESTONE BLVD

City	State	Zip Code
NORWALK	CA	90650-2288

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162927**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRIS NORDLING**

Mailing Address 11751 WOODBROOK CT

City	State	Zip Code
LAS VEGAS	NV	89141-6030

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MGM RESORTS**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175220**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRUCE NORDSTROM**

Mailing Address 1600 N MARIPOSA RD

City	State	Zip Code
FLAGSTAFF	AZ	86004-8757

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NORDSTROM & ASSOCIATES**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159287**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1847 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MARGARET CHISHOLM NORTH**

Mailing Address 506 ARBRAMAR AVE

City	State	Zip Code
PACIFIC PALISADES	CA	90272-4215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONIFER HEALTH SOLUTIONS

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.168236**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARIELA F. NUNEZ**

Mailing Address PO BOX 772555

City	State	Zip Code
MIAMI	FL	33177-0043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161283**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARIELA F. NUNEZ**

Mailing Address PO BOX 772555

City	State	Zip Code
MIAMI	FL	33177-0043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178989**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1800.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PETER M. NUNN**

Mailing Address **433 S KINZER AVE**  
**APT 465VSA**

City **NEW HOLLAND** State **PA** Zip Code **17557-8786**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.167338**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SAL A. NUNZIATA**

Mailing Address **2351 FORREST RD**

City **WINTER PARK** State **FL** Zip Code **32789-6028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FBC MORTGAGE LLC**

Occupation  
**MORTGAGE BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.157953**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AMANDA NUSSBAUM**

Mailing Address **2373 BROADWAY**  
**APT 1208**

City **NEW YORK** State **NY** Zip Code **10024-2838**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PROSKAUER ROSE LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159854**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1849 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**R. SCOTT NUZUM**

Mailing Address 13113 POINT PLEASANT DR

City	State	Zip Code
FAIRFAX	VA	22033-3509

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VAN NESS FELDMAN

Occupation  
ASSOCIATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.158027**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**R. SCOTT NUZUM**

Mailing Address 13113 POINT PLEASANT DR

City	State	Zip Code
FAIRFAX	VA	22033-3509

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VAN NESS FELDMAN

Occupation  
ASSOCIATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.163162**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**R. SCOTT NUZUM**

Mailing Address 13113 POINT PLEASANT DR

City	State	Zip Code
FAIRFAX	VA	22033-3509

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VAN NESS FELDMAN

Occupation  
ASSOCIATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.166082**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1850 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD L. NYBERG**

Mailing Address 1856 INLET COVE CT

City	State	Zip Code
FLEMING ISLAND	FL	32003-7275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165423**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD L. NYBERG**

Mailing Address 1856 INLET COVE CT

City	State	Zip Code
FLEMING ISLAND	FL	32003-7275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168691**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD L. NYBERG**

Mailing Address 1856 INLET COVE CT

City	State	Zip Code
FLEMING ISLAND	FL	32003-7275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176026**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1851 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ALICE A. NYE**

Mailing Address 12211 CREEK FOREST DR

City	State	Zip Code
DALLAS	TX	75230-2336

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NYE CONSULTING**

Occupation  
**TREASURER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166631**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ERLE A. NYE**

Mailing Address 12211 CREEK FOREST DR

City	State	Zip Code
DALLAS	TX	75230-2336

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**E.N. CONSULTING, L.L.C.**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166635**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN NYMAN**

Mailing Address 13259 E MINETA RIDGE DR

City	State	Zip Code
VAIL	AZ	85641-2521

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CONCORD GENERAL CONTRACTING**

Occupation  
**DIRECTOR OF FINANCE AND ADMIN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160734**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1852 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANTHONY O' BRIEN**

Mailing Address 1304 CONCOURSE DR

City  
LINTHICUM

State Zip Code  
MD 21090-1000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASC PARTNERS, LLC

Occupation  
MANAGING MEMBER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166466**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JONATHAN O' BRIEN**

Mailing Address 42 W 13TH ST

City  
NEW YORK

State Zip Code  
NY 10011-7947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PROSKAUER ROSE

Occupation  
CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166993**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAT O' BRIEN**

Mailing Address 8331 KENWOOD AVE

City  
SPRINGFIELD

State Zip Code  
VA 22152-2827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.162630**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1853 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAT O' BRIEN**

Mailing Address **8331 KENWOOD AVE**

City

**SPRINGFIELD**

State

**VA**

Zip Code

**22152-2827**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.176588**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAT O' BRIEN**

Mailing Address **8331 KENWOOD AVE**

City

**SPRINGFIELD**

State

**VA**

Zip Code

**22152-2827**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.180950**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RODERICK O' CONNOR**

Mailing Address **43 HAVILAND RD**

City

**HARRISON**

State

**NY**

Zip Code

**10528-1001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.159373**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1854 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM O' CONNOR**

Mailing Address 530 TOWNSEND ST

City

BIRMINGHAM

State

MI

Zip Code

48009-1449

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CBRE

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159494**

Date of Receipt

MM / DD / YYYY  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN F. O'DELL**

Mailing Address 3442 AMMA RD

City

AMMA

State

WV

Zip Code

25005-9540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GENERAL PIPELINE CONSTRUCTION,  
INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.157853**

Date of Receipt

MM / DD / YYYY  
10 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN F. O'DELL**

Mailing Address 3442 AMMA RD

City

AMMA

State

WV

Zip Code

25005-9540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GENERAL PIPELINE CONSTRUCTION,  
INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.171702**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1855 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GERMAINE O'DONNELL**

Mailing Address **3421 S HENNEPIN ST**

City

**SIOUX CITY**

State

**IA**

Zip Code

**51106-4419**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**201.00**

**Transaction ID : SA17.163775**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GERMAINE O'DONNELL**

Mailing Address **3421 S HENNEPIN ST**

City

**SIOUX CITY**

State

**IA**

Zip Code

**51106-4419**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**201.00**

**Transaction ID : SA17.180694**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GERMAINE O'DONNELL**

Mailing Address **3421 S HENNEPIN ST**

City

**SIOUX CITY**

State

**IA**

Zip Code

**51106-4419**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**201.00**

**Transaction ID : SA17.181658**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**101.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1856 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES O'GARA**

Mailing Address **3901 CONNECTICUT AVE NW**  
**APT 503**

City	State	Zip Code
WASHINGTON	DC	20008-6406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEPT. OF STATE**

Occupation  
**CIV-MIL COORDINATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.156781**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT O'HILL**

Mailing Address **1 UPPER NEWPORT PLZ**

City	State	Zip Code
NEWPORT BEACH	CA	92660-2630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INVESTORS TRUST**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160757**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SEAN O'HOLLAREN**

Mailing Address **5050 SW HILLTOP LN**

City	State	Zip Code
PORTLAND	OR	97221-2304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NIKE**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168378**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1857 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAN O'LEARY**

Mailing Address 3710 COMO ST

City

PORT CHARLOTTE

State

FL

Zip Code

33948-1746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DAN O'LEARY

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169837**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOM O'LEARY**

Mailing Address 31 RAMHORNE RD

City

NEW CANAAN

State

CT

Zip Code

06840-3006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HSBC

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159066**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JULIE O'MALLEY**

Mailing Address W286N3111 LAKESIDE RD

City

PEWAUKEE

State

WI

Zip Code

53072-3333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GOODWILL INDUSTRIES

Occupation

MNGR NEW BUSINESS DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158488**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1858 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIM O'MALLEY**

Mailing Address **W286N3111 LAKESIDE RD**

City <b>PEWAUKEE</b>	State <b>WI</b>	Zip Code <b>53072-3333</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ROBERT W BAIRD & CO**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158489**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SARA O'MEARA**

Mailing Address **6135 E MCDONALD DR**

City <b>PARADISE VALLEY</b>	State <b>AZ</b>	Zip Code <b>85253-5222</b>
--------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CHLDHELP**

Occupation  
**CO-FOUNDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.162074**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER M. O'NEILL**

Mailing Address **1049 5TH AVE**  
**APT 15A**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10028-0115</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.178272**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1859 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. ROBERT E. O'NEIL**

Mailing Address 12312 NW 10TH DR

City

CORAL SPRINGS

State

FL

Zip Code

33071-7882

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GULFSTREAM PARK

Occupation  
VETERINARIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.174947**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

REFUNDED \$500.00 ON 01/04/2016

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS M. O'NEIL**

Mailing Address 11635 OLD STONE DR

City

INDIANAPOLIS

State

IN

Zip Code

46236-8693

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OFFICE WORKS

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159250**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HENRY O'REILLY**

Mailing Address 5200 SEASCAPE LN.

City

PLANO

State

TX

Zip Code

75093-4010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169505**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1860 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GARY B. OAKES**

Mailing Address **31485 GROESBECK HWY**  
**STE F**

City **FRASER** State **MI** Zip Code **48026-3901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OAKES ROOFING**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162153**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. REBECCA OATES-LEISURE**

Mailing Address **12157 W LINEBAUGH AVE**  
**# 346**

City **TAMPA** State **FL** Zip Code **33626-1732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROL INSURANCE COMPANY**

Occupation  
**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158852**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHRISTIAN LONG OBERBECK**

Mailing Address **630 LAKE AVE**

City **GREENWICH** State **CT** Zip Code **06830-3854**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SARATOGA PARTNERS**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170545**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1861 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. CAROLINE G. OBERNDORF**

Mailing Address **13515 SHAKER BLVD**  
**APT 1A**

City **CLEVELAND** State **OH** Zip Code **44120-1506**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174087**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD OBERNDORF**

Mailing Address **13515 SHAKER BLVD**  
**APT 1A**

City **CLEVELAND** State **OH** Zip Code **44120-1506**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174091**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. PETER OBERNDORF**

Mailing Address **101 WALNUT ST**

City **SAN FRANCISCO** State **CA** Zip Code **94118-2031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174074**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**8100.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILL OBERNDORF JR.**

Mailing Address 101 WALNUT ST

City	State	Zip Code
SAN FRANCISCO	CA	94118-2031

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177387**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KELLY OBRIEN**

Mailing Address 4919 W BAY WAY DR

City	State	Zip Code
TAMPA	FL	33629-4803

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PILOT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157039**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL OCH**

Mailing Address 11 DOLMA RD

City	State	Zip Code
SCARSDALE	NY	10583-4505

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OHC-ZIFF CAPITAL MANAGEMENT GROUP**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161007**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MILTON W. OCHSNER**

Mailing Address 23911 LAKE DR W

City	State	Zip Code
BOTHELL	WA	98021-8580

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.158784**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MILTON W. OCHSNER**

Mailing Address 23911 LAKE DR W

City	State	Zip Code
BOTHELL	WA	98021-8580

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.171167**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RYAN OCONNELL**

Mailing Address 1 GRAND ARMY PLZ

City	State	Zip Code
BROOKLYN	NY	11238-5611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BIRCH GROVE CAPITAL

Occupation  
INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177294**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2825.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LAURIE ODOM**

Mailing Address 2708 MANORWOOD TRL

City	State	Zip Code
FORT WORTH	TX	76109-9589

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175457**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL ODOM**

Mailing Address 2708 MANORWOOD TRL

City	State	Zip Code
FORT WORTH	TX	76109-9589

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175460**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GORDON S. OGDEN**

Mailing Address 124 W 79TH ST

City	State	Zip Code
NEW YORK	NY	10024-6470

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BYRNAM WOOD**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170070**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TONY OGLESBY**

Mailing Address 1087 REYNOLDS BRIDGE RD

City	State	Zip Code
BENTON	TN	37307-5620

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SAVA SENIOR CARE

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165597**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TONY OGLESBY**

Mailing Address 1087 REYNOLDS BRIDGE RD

City	State	Zip Code
BENTON	TN	37307-5620

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SAVA SENIOR CARE

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177484**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAYMOND OGLETHORPE**

Mailing Address 629 LAKE DR

City	State	Zip Code
VERO BEACH	FL	32963-2166

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171474**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ERIK OKEN**

Mailing Address 1021 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10028-0959

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP MORGAN

Occupation  
INVESTMENT BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161006**

Date of Receipt

M M / D D / Y Y Y Y  
10 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNIFER OKEN**

Mailing Address 1021 PARK AVE

City  
NEW YORK

State Zip Code  
NY 10028-0959

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161005**

Date of Receipt

M M / D D / Y Y Y Y  
10 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. BROOKE B. OLEARY**

Mailing Address 2111 TWO POND LN

City  
TALLAHASSEE

State Zip Code  
FL 32312-3874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158048**

Date of Receipt

M M / D D / Y Y Y Y  
10 09 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. BROOKE B. OLEARY**

Mailing Address 2111 TWO POND LN

City

TALLAHASSEE

State

FL

Zip Code

32312-3874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170533**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SHARON OLEN**

Mailing Address 437 VILLAGE DR

City

DAPHNE

State

AL

Zip Code

36526-4003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.165489**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. C. PATRICK OLES JR.**

Mailing Address 2109 ROCKMOOR AVE

City

AUSTIN

State

TX

Zip Code

78703-2034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BARSHOP & OLES CO.**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.138516**

Date of Receipt

**08 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. C. PATRICK OLES JR.**

Mailing Address 2109 ROCKMOOR AVE

City	State	Zip Code
AUSTIN	TX	78703-2034

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BARSHOP & OLES CO.

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B158408**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**JULIE OLES**

Mailing Address 2109 ROCKMOOR AVE

City	State	Zip Code
AUSTIN	TX	78703-2034

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B158407**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. CARLOS OLIVA**

Mailing Address 6435 SW 94TH ST

City	State	Zip Code
PINECREST	FL	33156-1839

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MUSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174382**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GILBERTO F. OLIVA**

Mailing Address 13955 NW 60TH AVE

City	State	Zip Code
MIAMI LAKES	FL	33014-3126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OLIVA CIGARS**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174379**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSE R. OLIVA**

Mailing Address 15721 TURNBERRY DR

City	State	Zip Code
MIAMI LAKES	FL	33014-6541

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OLIVA CIGARS**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174377**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MRS. JEANNE OLIVA**

Mailing Address 15721 TURNBERRY DR

City	State	Zip Code
MIAMI LAKES	FL	33014-6541

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174378**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSE R. OLIVA**

Mailing Address 15721 TURNBERRY DR

City	State	Zip Code
MIAMI LAKES	FL	33014-6541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OLIVA CIGARS

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174377B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**CORY OLIVER**

Mailing Address PO BOX 260621

City	State	Zip Code
PLANO	TX	75026-0621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPROUTS FARMERS MARKET

Occupation  
SENIOR DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175847**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN C. OLIVER III**

Mailing Address 535 SMITHFIELD ST

City	State	Zip Code
PITTSBURGH	PA	15222-2393

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSERVATION CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160064**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1871 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JUAN K. OLIVERA**

Mailing Address 52 BRIARCLIFF LN

City

PINE PLAINS

State

NY

Zip Code

12567-5426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173105**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KENNETH OLIVER**

Mailing Address 2134 GLENCOURSE LN

City

RESTON

State

VA

Zip Code

20191-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDIA RESEARCH CENTER

Occupation

DIRECTOR, MRC LATINO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

118.00

**Transaction ID : SA17.170036A**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CHARGED BACK \$900.00 ON 11/23/2015

**C. Full Name (Last, First, Middle Initial)**

**KENNETH OLIVER**

Mailing Address 2134 GLENCOURSE LN

City

RESTON

State

VA

Zip Code

20191-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDIA RESEARCH CENTER

Occupation

DIRECTOR, MRC LATINO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

118.00

**Transaction ID : SA17.170036B**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-900.00

☐ Memo Item

CHARGED BACK

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1872 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARIA OLIVO**

Mailing Address **8 KERRY LN**

City

**DARIEN**

State

**CT**

Zip Code

**06820-3021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TRAVELERS INSURANCE**

Occupation

**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.177427**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LARRY OLSCHWANGER**

Mailing Address **6039 WAGGONER DR**

City

**DALLAS**

State

**TX**

Zip Code

**75230-4009**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SCRAPSOURCE**

Occupation

**SCRAP METAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.162255**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOROTHY OLSEN**

Mailing Address **1001 S KEYSTONE AVE**

City

**CLEARWATER**

State

**FL**

Zip Code

**33756-4557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**230.00**

**Transaction ID : SA17.167151**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1525.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1873 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOROTHY OLSEN**

Mailing Address 1001 S KEYSTONE AVE

City

CLEARWATER

State

FL

Zip Code

33756-4557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.168827**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DOROTHY OLSEN**

Mailing Address 1001 S KEYSTONE AVE

City

CLEARWATER

State

FL

Zip Code

33756-4557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.172121**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOROTHY OLSEN**

Mailing Address 1001 S KEYSTONE AVE

City

CLEARWATER

State

FL

Zip Code

33756-4557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.176746**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1874 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOROTHY OLSEN**

Mailing Address 1001 S KEYSTONE AVE

City	State	Zip Code
CLEARWATER	FL	33756-4557

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.178495**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DOROTHY OLSEN**

Mailing Address 1001 S KEYSTONE AVE

City	State	Zip Code
CLEARWATER	FL	33756-4557

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.179585**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KENNETH W. OLSEN**

Mailing Address 3031 NE 41ST ST

City	State	Zip Code
FORT LAUDERDALE	FL	33308-5801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158233**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

530.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1875 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HOWARD H. OLSON**

Mailing Address 609 BRISTOL PL

City

MURRELLS INLET

State

SC

Zip Code

29576-7550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.168321**

Date of Receipt

MM / DD / YYYY  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HOWARD H. OLSON**

Mailing Address 609 BRISTOL PL

City

MURRELLS INLET

State

SC

Zip Code

29576-7550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.169700**

Date of Receipt

MM / DD / YYYY  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HOWARD H. OLSON**

Mailing Address 609 BRISTOL PL

City

MURRELLS INLET

State

SC

Zip Code

29576-7550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.175575**

Date of Receipt

MM / DD / YYYY  
12 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1876 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HOWARD H. OLSON**

Mailing Address 609 BRISTOL PL

City	State	Zip Code
MURRELLS INLET	SC	29576-7550

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.180592**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAMELA OLSON**

Mailing Address 2819 N JEFFERSON ST

City	State	Zip Code
ARLINGTON	VA	22207-1463

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PWC

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164247**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK CRAIG OMAN**

Mailing Address 1588 BURR OAKS DR

City	State	Zip Code
WEST DES MOINES	IA	50266-6607

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166314**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1877 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LES OMOTANI**

Mailing Address **8337 N LEE TREVINO DR.**

City	State	Zip Code
<b>TUCSON</b>	<b>AZ</b>	<b>85742-</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.180698**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LAURA ONDARZA**

Mailing Address **2615 ANDERSON RD**

City	State	Zip Code
<b>CORAL GABLES</b>	<b>FL</b>	<b>33134-4800</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TRANSLATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.155340**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LAURA ONDARZA**

Mailing Address **2615 ANDERSON RD**

City	State	Zip Code
<b>CORAL GABLES</b>	<b>FL</b>	<b>33134-4800</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TRANSLATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.161930**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**15.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**90.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1878 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LAURA ONDARZA**

Mailing Address 2615 ANDERSON RD

City	State	Zip Code
CORAL GABLES	FL	33134-4800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TRANSLATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.167270**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LAURA ONDARZA**

Mailing Address 2615 ANDERSON RD

City	State	Zip Code
CORAL GABLES	FL	33134-4800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TRANSLATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.172572**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LAURA ONDARZA**

Mailing Address 2615 ANDERSON RD

City	State	Zip Code
CORAL GABLES	FL	33134-4800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TRANSLATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.177739**

Date of Receipt

**12 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

40.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1879 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AARON ONG**

Mailing Address 1050 S FLOWER ST  
#826

City State Zip Code  
LOS ANGELES CA 90015-5112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DR. FRESH, LLC

Occupation  
SCIENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.159582**

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AARON ONG**

Mailing Address 1050 S FLOWER ST  
#826

City State Zip Code  
LOS ANGELES CA 90015-5112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DR. FRESH, LLC

Occupation  
SCIENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.00

**Transaction ID : SA17.177734**

Date of Receipt

M M / D D / Y Y Y Y  
12 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. REBECCA Y. ONGLINGSWAN**

Mailing Address 3 ASTRO PL

City State Zip Code  
DIX HILLS NY 11746-5706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.162813**

Date of Receipt

M M / D D / Y Y Y Y  
10 25 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

65.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**DR. REBECCA Y. ONGLINGSWAN**  
Mailing Address 3 ASTRO PL

City State Zip Code  
DIX HILLS NY 11746-5706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.163976**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DR. REBECCA Y. ONGLINGSWAN**  
Mailing Address 3 ASTRO PL

City State Zip Code  
DIX HILLS NY 11746-5706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.171047**

Date of Receipt

M M / D D / Y Y Y Y  
11 24 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DR. REBECCA Y. ONGLINGSWAN**  
Mailing Address 3 ASTRO PL

City State Zip Code  
DIX HILLS NY 11746-5706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.171587**

Date of Receipt

M M / D D / Y Y Y Y  
11 27 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**DR. REBECCA Y. ONGLINGSWAN**  
Mailing Address 3 ASTRO PL

City State Zip Code  
DIX HILLS NY 11746-5706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.178575**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DR. REBECCA Y. ONGLINGSWAN**  
Mailing Address 3 ASTRO PL

City State Zip Code  
DIX HILLS NY 11746-5706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.178839**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. C. LEON ONIONS**  
Mailing Address 1500 TERRACE AVE  
APT 202

City State Zip Code  
LIBERAL KS 67901-5703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.00

**Transaction ID : SA17.172387**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

175.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SCOTT W. OPENSHAW**

Mailing Address 925 N GARFIELD ST  
APT 522

City ARLINGTON State VA Zip Code 22201-6709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN CHEMISTRY COUNCIL

Occupation  
SENIOR DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2740.00

**Transaction ID : SA17.167695**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT W. OPENSHAW**

Mailing Address 925 N GARFIELD ST  
APT 522

City ARLINGTON State VA Zip Code 22201-6709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN CHEMISTRY COUNCIL

Occupation  
SENIOR DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2740.00

**Transaction ID : SA17.167695B**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-40.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MR. SCOTT W. OPENSHAW**

Mailing Address 925 N GARFIELD ST  
APT 522

City ARLINGTON State VA Zip Code 22201-6709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN CHEMISTRY COUNCIL

Occupation  
SENIOR DIRECTOR

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2740.00

**Transaction ID : SA17.170100**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

40.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

40.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STUART ORENSTEIN**

Mailing Address **150 E 61ST ST**  
**APT 11D**

City **NEW YORK** State **NY** Zip Code **10065-8527**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILLIAM B. MAY MANAGEMENT CORP.**

Occupation  
**REAL ESTATE DEVELOPMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1250.00**

**Transaction ID : SA17.159109**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BENJAMIN H. ORGEL**

Mailing Address **6415 RONALD RD**

City **MEMPHIS** State **TN** Zip Code **38120-3208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166609**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ROBIN S. ORGEL**

Mailing Address **6415 RONALD RD**

City **MEMPHIS** State **TN** Zip Code **38120-3208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166614**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM E. ORGEL**

Mailing Address **6415 RONALD RD**

City	State	Zip Code
MEMPHIS	TN	38120-3208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166612**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. NORMA E. J. ORR**

Mailing Address **657 W CYPRESS AVE**

City	State	Zip Code
REDLANDS	CA	92373-5817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**315.00**

**Transaction ID : SA17.158802**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. NORMA E. J. ORR**

Mailing Address **657 W CYPRESS AVE**

City	State	Zip Code
REDLANDS	CA	92373-5817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**315.00**

**Transaction ID : SA17.171841**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2800.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. NORMA E. J. ORR**

Mailing Address **657 W CYPRESS AVE**

City	State	Zip Code
REDLANDS	CA	92373-5817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**315.00**

**Transaction ID : SA17.172385**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MAUREEN ORRANTIA**

Mailing Address **1558 NE QUAYSIDE TER**

City	State	Zip Code
MIAMI	FL	33138-2208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**312.00**

**Transaction ID : SA17.165701**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MAUREEN ORRANTIA**

Mailing Address **1558 NE QUAYSIDE TER**

City	State	Zip Code
MIAMI	FL	33138-2208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**312.00**

**Transaction ID : SA17.170971**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**175.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAUREEN ORRANTIA**

Mailing Address 1558 NE QUAYSIDE TER

City	State	Zip Code
MIAMI	FL	33138-2208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

312.00

**Transaction ID : SA17.174576**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MAUREEN ORRANTIA**

Mailing Address 1558 NE QUAYSIDE TER

City	State	Zip Code
MIAMI	FL	33138-2208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

312.00

**Transaction ID : SA17.175507**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MAUREEN ORRANTIA**

Mailing Address 1558 NE QUAYSIDE TER

City	State	Zip Code
MIAMI	FL	33138-2208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

312.00

**Transaction ID : SA17.176201**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

130.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1887 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAUREEN ORRANTIA**

Mailing Address 1558 NE QUAYSIDE TER

City	State	Zip Code
MIAMI	FL	33138-2208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

312.00

**Transaction ID : SA17.179166**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MAUREEN ORRANTIA**

Mailing Address 1558 NE QUAYSIDE TER

City	State	Zip Code
MIAMI	FL	33138-2208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

312.00

**Transaction ID : SA17.180148**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

32.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER BUSCH ORTHWEIN**

Mailing Address 154 GUARDS RD

City	State	Zip Code
GREENWICH	CT	06831-2737

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THOR INDUSTRIES, INC.**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.177401**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

557.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 1888 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MELISSA ORTIZ-VERDUZCO**

Mailing Address 16220 INDIAN CREEK RD

City	State	Zip Code
CERRITOS	CA	90703-2036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.162372**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MELISSA ORTIZ-VERDUZCO**

Mailing Address 16220 INDIAN CREEK RD

City	State	Zip Code
CERRITOS	CA	90703-2036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.163432**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MELISSA ORTIZ-VERDUZCO**

Mailing Address 16220 INDIAN CREEK RD

City	State	Zip Code
CERRITOS	CA	90703-2036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165047**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MELISSA ORTIZ-VERDUZCO**

Mailing Address 16220 INDIAN CREEK RD

City	State	Zip Code
CERRITOS	CA	90703-2036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165497**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MELISSA ORTIZ-VERDUZCO**

Mailing Address 16220 INDIAN CREEK RD

City	State	Zip Code
CERRITOS	CA	90703-2036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.169157**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MELISSA ORTIZ-VERDUZCO**

Mailing Address 16220 INDIAN CREEK RD

City	State	Zip Code
CERRITOS	CA	90703-2036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.170346**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MATTHEW OSBORN**

Mailing Address **5525 S FRANKLIN ST**

City	State	Zip Code
<b>GREENWOOD VILLAGE</b>	<b>CO</b>	<b>80121-1318</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OXTHOOTH HOLDINGS**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.159301**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS A. OSE**

Mailing Address **4013 PARK RD**

City	State	Zip Code
<b>SACRAMENTO</b>	<b>CA</b>	<b>95841-4408</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173021**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**C. Full Name (Last, First, Middle Initial)**

**MR. ENLOW OSE**

Mailing Address **522 SYDLING CT**

City	State	Zip Code
<b>SACRAMENTO</b>	<b>CA</b>	<b>95864-5951</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173049**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LYNNDA OSE**

Mailing Address 4013 PARK RD

City  
**SACRAMENTO**

State Zip Code  
**CA 95841-4408**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174737**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FREDDY RAFAEL OSIO**

Mailing Address 10771 NW 75TH ST

City  
**MEDLEY**

State Zip Code  
**FL 33178-2189**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.161234**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FREDDY RAFAEL OSIO**

Mailing Address 10771 NW 75TH ST

City  
**MEDLEY**

State Zip Code  
**FL 33178-2189**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.173533**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MIGUEL G. OSIO**

Mailing Address 200 E 74TH ST  
APT 20C

City State Zip Code  
NEW YORK NY 10021-3611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
MORGAN STANLEY PRIVATE WEALTH MGM WEALTH ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158876**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TONN OSTERGARD**

Mailing Address 7001 STEVENS RIDGE RD

City State Zip Code  
LINCOLN NE 68516-3743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
CRETE CARRIER CORPORATION CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159241**

Date of Receipt

M M / D D / Y Y Y Y  
10 16 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MRS. HOLLY OSTERGARD**

Mailing Address 7001 STEVENS RIDGE RD

City State Zip Code  
LINCOLN NE 68516-3743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
CRETE CARRIER CORPORATION VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159242**

Date of Receipt

M M / D D / Y Y Y Y  
10 16 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TONN OSTERGARD**

Mailing Address 7001 STEVENS RIDGE RD

City	State	Zip Code
LINCOLN	NE	68516-3743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CRETE CARRIER CORPORATION**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159241B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD T. OSTLUND**

Mailing Address 520 LOCUST HILLS DR

City	State	Zip Code
WAYZATA	MN	55391-1968

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ANTHONY OSTLUND**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172941**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ELIZABETH OSTRANDER**

Mailing Address 115 LINCOLN AVE E

City	State	Zip Code
CRANFORD	NJ	07016-2820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.162911**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS OTIS**

Mailing Address 5 1/2 RUTLEDGE AVE

City	State	Zip Code
CHARLESTON	SC	29401-1814

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JDA FRONTLINE**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177323**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**THOMAS OTIS**

Mailing Address 5 1/2 RUTLEDGE AVE

City	State	Zip Code
CHARLESTON	SC	29401-1814

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JDA FRONTLINE**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179365**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LESA B. OUDT**

Mailing Address 5350 WATEKA DR

City	State	Zip Code
DALLAS	TX	75209-5512

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.162059**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KENDRA OVERBECK**

Mailing Address 1707 HILLSHIRE DR

City	State	Zip Code
KALAMAZOO	MI	49008-2247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.157842**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT E. OVERBECK**

Mailing Address 1707 HILLSHIRE DR

City	State	Zip Code
KALAMAZOO	MI	49008-2247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HUNTINGTON BANK

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.157841**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**J. GARRET OVERLOCK**

Mailing Address 133 ESSEX ST

City	State	Zip Code
NEW YORK	NY	10002-2380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STARWOOD CAPITAL GROUP

Occupation  
PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.170199**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**J. GARRET OVERLOCK**

Mailing Address 133 ESSEX ST

City	State	Zip Code
NEW YORK	NY	10002-2380

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STARWOOD CAPITAL GROUP

Occupation  
PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.172193**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**J. GARRET OVERLOCK**

Mailing Address 133 ESSEX ST

City	State	Zip Code
NEW YORK	NY	10002-2380

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STARWOOD CAPITAL GROUP

Occupation  
PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.177782**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**MR. BRETT OVERMAN**

Mailing Address 3822 NE 199TH TER

City	State	Zip Code
AVENTURA	FL	33180-3402

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BUSINESS STRATEGY & INSIGHT

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174366**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRETT OVERMAN**

Mailing Address 3822 NE 199TH TER

City	State	Zip Code
AVENTURA	FL	33180-3402

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUSINESS STRATEGY & INSIGHT**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174366B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MARLEY OVERMAN**

Mailing Address 3822 NE 199TH TER

City	State	Zip Code
AVENTURA	FL	33180-3402

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181091**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item  
REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**VICTOR OVIEDO**

Mailing Address 260 PARK AVE S

City	State	Zip Code
NEW YORK	NY	10010-7214

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SKYBRIDGE CAPITAL**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175450**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RAY OWEN**

Mailing Address 14455 N LOOP DR

City	State	Zip Code
CLINT	TX	79836-5322

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BANK OF TEXAS**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176508**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK F. OWENS**

Mailing Address 8348 DOVE RIDGE WAY

City	State	Zip Code
PARKER	CO	80134-8894

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BROADNET**

Occupation  
**PROJECT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161508**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KARI OXFORD**

Mailing Address 4915 BYWOOD ST W

City	State	Zip Code
EDINA	MN	55436-1308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159359**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KATIE C. OXFORD**

Mailing Address **711 LOUISIANA ST**  
**STE 2300**

City **HOUSTON** State **TX** Zip Code **77002-2770**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162350**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HARVEY E. OYER III**

Mailing Address **525 OKEECHOBEE BLVD**  
**SUITE 1100**

City **WEST PALM BEACH** State **FL** Zip Code **33401-6349**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SHUTTS & BOWEN**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.164469**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ERSAL OZDEMIR**

Mailing Address **1352 W 106TH ST**

City **CARMEL** State **IN** Zip Code **46032-9603**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KEYSTONE CONSTRUCTION**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159236**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ASHLEY D. PACE JR.**

Mailing Address **615 BAYSHORE DR**  
**APT 1001**

City **PENSACOLA** State **FL** Zip Code **32507-3571**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1300.00**

**Transaction ID : SA17.157252**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ASHLEY D. PACE JR.**

Mailing Address **615 BAYSHORE DR**  
**APT 1001**

City **PENSACOLA** State **FL** Zip Code **32507-3571**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1300.00**

**Transaction ID : SA17.177935**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ISRAEL PACHECO**

Mailing Address **4011 SW 129TH AVE**

City **MIAMI** State **FL** Zip Code **33175-3411**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174398**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1700.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARJORIE M. PACKER**

Mailing Address 12710 S SUNNYSIDE AVE

City	State	Zip Code
SELMA	CA	93662-9527

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.157234**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MARJORIE M. PACKER**

Mailing Address 12710 S SUNNYSIDE AVE

City	State	Zip Code
SELMA	CA	93662-9527

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.160659**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARJORIE M. PACKER**

Mailing Address 12710 S SUNNYSIDE AVE

City	State	Zip Code
SELMA	CA	93662-9527

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.170854**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL M. PADGETT**

Mailing Address 11343 KINGSLEY MANOR WAY

City	State	Zip Code
JACKSONVILLE	FL	32225-1075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SUMMIT CONTRACTING GROUP, INC.**

Occupation  
**GENERAL CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.152740**

Date of Receipt

**09 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL M. PADGETT**

Mailing Address 11343 KINGSLEY MANOR WAY

City	State	Zip Code
JACKSONVILLE	FL	32225-1075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SUMMIT CONTRACTING GROUP, INC.**

Occupation  
**GENERAL CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.152740B**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL M. PADGETT**

Mailing Address 11343 KINGSLEY MANOR WAY

City	State	Zip Code
JACKSONVILLE	FL	32225-1075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SUMMIT CONTRACTING GROUP, INC.**

Occupation  
**GENERAL CONTRACTOR**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174110**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. IGNACIO PADILLA**

Mailing Address **6488 CERROS GRANDES DR.**

City	State	Zip Code
SANTA FE	NM	87507-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.157478**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. IGNACIO PADILLA**

Mailing Address **6488 CERROS GRANDES DR.**

City	State	Zip Code
SANTA FE	NM	87507-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.157479**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**MR. IGNACIO PADILLA**

Mailing Address **6488 CERROS GRANDES DR.**

City	State	Zip Code
SANTA FE	NM	87507-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.162535**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**225.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. IGNACIO PADILLA**

Mailing Address **6488 CERROS GRANDES DR.**

City	State	Zip Code
SANTA FE	NM	87507-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.164555**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. IGNACIO PADILLA**

Mailing Address **6488 CERROS GRANDES DR.**

City	State	Zip Code
SANTA FE	NM	87507-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.170769**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. IGNACIO PADILLA**

Mailing Address **6488 CERROS GRANDES DR.**

City	State	Zip Code
SANTA FE	NM	87507-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.171986**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 1905 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. IGNACIO PADILLA**

Mailing Address **6488 CERROS GRANDES DR.**

City	State	Zip Code
SANTA FE	NM	87507-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.178496**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. IGNACIO PADILLA**

Mailing Address **6488 CERROS GRANDES DR.**

City	State	Zip Code
SANTA FE	NM	87507-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**625.00**

**Transaction ID : SA17.179130**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALAIN PADRON**

Mailing Address **4823 NW 113TH PL**

City	State	Zip Code
DORAL	FL	33178-4851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNITED COMMUNICATION**

Occupation  
**SUPERVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159255**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. BERTA PADRON**

Mailing Address 1900 SW 83RD CT

City	State	Zip Code
MIAMI	FL	33155-1110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNITED COMMUNICATIONS**

Occupation  
**OFFICE CLERK**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

**Transaction ID : SA17.159256**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FAUSTO ANTONIO PADRON**

Mailing Address 1900 SW 83RD CT

City	State	Zip Code
MIAMI	FL	33155-1110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNITED COMMUNICATIONS**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159225**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MRS. BERTA PADRON**

Mailing Address 1900 SW 83RD CT

City	State	Zip Code
MIAMI	FL	33155-1110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNITED COMMUNICATIONS**

Occupation  
**OFFICE CLERK**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

**Transaction ID : SA17.159272**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FAUSTO ANTONIO PADRON**

Mailing Address 1900 SW 83RD CT

City	State	Zip Code
MIAMI	FL	33155-1110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNITED COMMUNICATIONS**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159225B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-25.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. MYRIAM PADRON**

Mailing Address 3565 W 72ND PL

City	State	Zip Code
HIALEAH	FL	33018-1712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BC/BS OF FLORIDA**

Occupation  
**AUDITOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159219**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. REINALDO PADRON**

Mailing Address 3565 W 72ND PL

City	State	Zip Code
HIALEAH	FL	33018-1712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNITED COMMUNICATION**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159220**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANDREAS PAFITIS**

Mailing Address **162 W 54TH ST**  
**APT 7F**

City **NEW YORK** State **NY** Zip Code **10019-5325**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NOMURA SECURITIES INTERNATIONAL**

Occupation  
**SECURITIZED PRODUCTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159377**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD J. PAGE**

Mailing Address **4670 W LEITNER DR**

City **CORAL SPRINGS** State **FL** Zip Code **33067-2027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHARTER SCHOOLS USA**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.158240**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RANDAL B. PAGEL JR.**

Mailing Address **46100 PRIVATE SHORE DR**

City **CHESTERFIELD** State **MI** Zip Code **48047-5382**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUMLER MECHANICAL, INC.**

Occupation  
**OWNER & VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161500**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1800.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2550.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RANDAL B. PAGEL SR.**

Mailing Address 37420 LAKEVILLE ST

City	State	Zip Code
HARRISON TOWNSHIP	MI	48045-2877

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUMLER MECHANICAL**

Occupation  
**MECHANICAL CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161499**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1800.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL PAGH**

Mailing Address 7708 STONEWOOD CT

City	State	Zip Code
EDINA	MN	55439-2641

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GREAT LAKES MANAGEMENT COMPANY**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168717**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIMOTHY PAGLIARA**

Mailing Address 3000 MERIDIAN BLVD

City	State	Zip Code
FRANKLIN	TN	37067-6387

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CAPWEALTH ADVISORS**

Occupation  
**CHAIRMAN CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163114**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEITH PAGNANI**

Mailing Address 20 PARK DR N

City	State	Zip Code
RYE	NY	10580-1830

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157078**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DHANANJAY PAI**

Mailing Address 52 E 72ND ST

City	State	Zip Code
NEW YORK	NY	10021-4266

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**P. SCHOENFELD ASSET MANAGEMENT**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169890**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CATHERINE S. PAIGE**

Mailing Address 2600 PACIFIC AVE

City	State	Zip Code
SAN FRANCISCO	CA	94115-1128

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170551**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW PAIGE**

Mailing Address 2600 PACIFIC AVE

City	State	Zip Code
SAN FRANCISCO	CA	94115-1128

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161882**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM H. PAINE**

Mailing Address 11 SANBORN ST

City	State	Zip Code
WINCHESTER	MA	01890-3919

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WILMERHALE**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.153556**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM H. PAINE**

Mailing Address 11 SANBORN ST

City	State	Zip Code
WINCHESTER	MA	01890-3919

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WILMERHALE**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.153556B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

2700.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM H. PAINE**

Mailing Address 11 SANBORN ST

City

WINCHESTER

State

MA

Zip Code

01890-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WILMERHALE

Occupation

LAWYER

Receipt For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.168660**

Date of Receipt

MM / DD / YYYY  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**DR. DONNA MARIE PALACIOS**

Mailing Address 1623 GARLAND DR

City

GOSHEN

State

IN

Zip Code

46526-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.169804**

Date of Receipt

MM / DD / YYYY  
11 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. AMBIKA PALANIYANDI**

Mailing Address 1325 S MIRAMAR AVE

City

INDIALANTIC

State

FL

Zip Code

32903-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPACE COAST CARDIOLOGY

Occupation

ADMINISTRATION

Receipt For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.172945**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**DR. RAVINDRAN PALANIYANDI**  
Mailing Address 1325 S MIRAMAR AVE

City State Zip Code  
INDIALANTIC FL 32903-3413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.172954**

Date of Receipt

**11 / 30 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN PALISKA**  
Mailing Address PO BOX 16635

City State Zip Code  
IRVINE CA 92623-6635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PPS PARKING & TRANSPORTATION, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

540.00

**Transaction ID : SA17.165681**

Date of Receipt

**10 / 19 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

540.00

☐ Memo Item

IN-KIND: VALET SERVICE

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JENNIFER L. PALKO**  
Mailing Address 9340 BELLA TERRA DR

City State Zip Code  
FORT WORTH TX 76126-1900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.166500**

Date of Receipt

**11 / 09 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5040.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DONALD P. PALMADESSA**

Mailing Address 695 ELM AVE

City	State	Zip Code
RIDGEFIELD	NJ	07657-1229

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UNITED CITY CO.

Occupation  
OFFICE WORKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

**Transaction ID : SA17.172354**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES Y. PALMER**

Mailing Address 1667 LELIA DR

City	State	Zip Code
JACKSON	MS	39216-4818

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PALMER & COKER

Occupation  
INVESTMENT ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.159182**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN N. PALMER**

Mailing Address PO BOX 3747

City	State	Zip Code
JACKSON	MS	39207-3747

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GULF SOUTH CAPITAL

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.174423**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2500.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN N. PALMER**

Mailing Address **PO BOX 3747**

City	State	Zip Code
JACKSON	MS	39207-3747

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GULF SOUTH CAPITAL**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.174423B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-1000.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN N. PALMER**

Mailing Address **PO BOX 3747**

City	State	Zip Code
JACKSON	MS	39207-3747

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GULF SOUTH CAPITAL**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.178135**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD F. PALMER**

Mailing Address **27050 WICK RD**

City	State	Zip Code
TAYLOR	MI	48180-3015

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158248**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CARLOS PALOMARES**

Mailing Address 2627 S BAYSHORE DR  
APT 1004

City State Zip Code  
MIAMI FL 33133-5440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162985**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT JOHN PANARO**

Mailing Address PO BOX 779

City State Zip Code  
JUPITER FL 33468-0779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.163558**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT JOHN PANARO**

Mailing Address PO BOX 779

City State Zip Code  
JUPITER FL 33468-0779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166027**

Date of Receipt

M M / D D / Y Y Y Y  
11 05 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT JOHN PANARO**

Mailing Address **PO BOX 779**

City  
**JUPITER**

State  
**FL**

Zip Code  
**33468-0779**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.181006**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. PANCAKE**

Mailing Address **1950 GRANADA BLVD**

City  
**KISSIMMEE**

State  
**FL**

Zip Code  
**34746-3682**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159651**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. PANCAKE**

Mailing Address **1950 GRANADA BLVD**

City  
**KISSIMMEE**

State  
**FL**

Zip Code  
**34746-3682**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.172531**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. PANCAKE**

Mailing Address 1950 GRANADA BLVD

City

KESSIMMEE

State

FL

Zip Code

34746-3682

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.180606**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN PANDOS**

Mailing Address 128 RIO GRANDE DR

City

MISSION

State

TX

Zip Code

78572-7419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.177007**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HENRY GARY PANNELL**

Mailing Address 4271 N ELIZABETH LN SE

City

ATLANTA

State

GA

Zip Code

30339-5317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JONES WALKER LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171722**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

130.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

680.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**REBECCA PANTER**

Mailing Address **6440 E IRONWOOD DR**

City	State	Zip Code
PARADISE VALLEY	AZ	85253-2618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173124**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SGT. JOHN E. PAOLO**

Mailing Address **271 CLAREMONT AVE**

City	State	Zip Code
MONTCLAIR	NJ	07042-2813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**VA COMP.**

Occupation  
**AIR FORCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.158714**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SGT. JOHN E. PAOLO**

Mailing Address **271 CLAREMONT AVE**

City	State	Zip Code
MONTCLAIR	NJ	07042-2813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**VA COMP.**

Occupation  
**AIR FORCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.170862**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2775.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RONALD R. PAPA**

Mailing Address **22 LAUDER LN**

City

**GREENWICH**

State

**CT**

Zip Code

**06831-3707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PROSKAUER ROSE LLP**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161219**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. STEPHANIE PAPAGEORGIOU**

Mailing Address **4482 RIVERCHASE DR**

City

**TROY**

State

**MI**

Zip Code

**48098-5428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**NEW OAKLAND FAMILY CENTERS**

Occupation

**MENTAL HEALTH COUNSELOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161345**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LARRY W. PAPASAN**

Mailing Address **5114 WINTON PL**

City

**MEMPHIS**

State

**TN**

Zip Code

**38117-4375**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.164580**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LARRY W. PAPASAN**

Mailing Address 5114 WINTON PL

City	State	Zip Code
MEMPHIS	TN	38117-4375

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.172012**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LARRY W. PAPASAN**

Mailing Address 5114 WINTON PL

City	State	Zip Code
MEMPHIS	TN	38117-4375

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.179216**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LARRY W. PAPASAN**

Mailing Address 5114 WINTON PL

City	State	Zip Code
MEMPHIS	TN	38117-4375

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.181703**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALDO B. PARET**

Mailing Address 322 TYNEBROOK LN

City	State	Zip Code
HOUSTON	TX	77024-7418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TOM PEACOCK NISSAN/CADILLAC**

Occupation  
**AUTOMOBILE DEALER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164356**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARILYN PARET**

Mailing Address 322 TYNEBROOK LN

City	State	Zip Code
HOUSTON	TX	77024-7418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164347**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ADAM PARIS**

Mailing Address 1888 CENTURY PARK E  
STE 2100

City	State	Zip Code
LOS ANGELES	CA	90067-1725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157060**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID PARK**

Mailing Address 59 VALLEY RD

City

BRONXVILLE

State

NY

Zip Code

10708-2211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BLOOMBERG LP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157064**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GEORGE E. PARK JR.**

Mailing Address 401 BREMERTON CT

City

ROSEVILLE

State

CA

Zip Code

95661-5106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PARK FAMILY INSURANCE

Occupation

INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.00

**Transaction ID : SA17.159448**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEORGE E. PARK JR.**

Mailing Address 401 BREMERTON CT

City

ROSEVILLE

State

CA

Zip Code

95661-5106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PARK FAMILY INSURANCE

Occupation

INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.00

**Transaction ID : SA17.159590**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2760.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES PARKER**

Mailing Address **745 CARAMBOLA DR**

City	State	Zip Code
<b>MERRITT ISLAND</b>	<b>FL</b>	<b>32952-4001</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BREVARD PUBLIC SCHOOLS**

Occupation  
**TEACHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.181788**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**COL. CLARENCE S. PARKER**

Mailing Address **2310 N SHERWOOD DR**

City	State	Zip Code
<b>VALDOSTA</b>	<b>GA</b>	<b>31602-2117</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.172352**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID R. PARKER**

Mailing Address **20 PARK AVE**

City	State	Zip Code
<b>NEW YORK</b>	<b>NY</b>	<b>10016-3840</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE ARCHSTONE PARTNERSHIP**

Occupation  
**FINANCIAL MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158458**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3450.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD C. PARKER**

Mailing Address **637 W 6TH AVE**

City	State	Zip Code
CORSICANA	TX	75110-5168

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KAN-D LAND INC.**

Occupation  
**BROADCASTER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.166348**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES PARKS**

Mailing Address **10474 SANTA MONICA BLVD**  
**STE 200**

City	State	Zip Code
LOS ANGELES	CA	90025-6930

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CBIZMHM, LLC**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.166657**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RONALD PARKS**

Mailing Address **3405 W MORRISON AVE**

City	State	Zip Code
TAMPA	FL	33629-5233

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TOYOTA**

Occupation  
**AUTO DEALER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.158430**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MS. DONNA LEIGH PARLAPIANO**

Mailing Address 1792 THATCH PALM DR

City	State	Zip Code
BOCA RATON	FL	33432-7453

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTONATION

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158239**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**MR. ALAN P. PARNES**

Mailing Address 19 HARVEST DR

City	State	Zip Code
SCARSDALE	NY	10583-7548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PROSKAUER ROSE LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161194**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**MR. DOYLE PARRISH**

Mailing Address 32609 KINGSLEY ROAD

City	State	Zip Code
RALEIGH	NC	27612-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUMMIT HOSPITALITY

Occupation  
HOTEL MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165446**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SAM PARRINO**

Mailing Address 2109 BAYSHORE BLVD

City	State	Zip Code
TAMPA	FL	33606-3155

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169919**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SAM PARRINO**

Mailing Address 2109 BAYSHORE BLVD

City	State	Zip Code
TAMPA	FL	33606-3155

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173312**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SAM PARRINO**

Mailing Address 2109 BAYSHORE BLVD

City	State	Zip Code
TAMPA	FL	33606-3155

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176143**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SAM PARRINO**

Mailing Address 2109 BAYSHORE BLVD

City	State	Zip Code
TAMPA	FL	33606-3155

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.178498**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SUSAN PARSELL**

Mailing Address 185 E BAY ST  
STE 200

City	State	Zip Code
CHARLESTON	SC	29401-2139

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HMGI

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1850.00

**Transaction ID : SA17.159521**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT A. PARSLEY**

Mailing Address 618 VALENCIA AVE  
APT 101

City	State	Zip Code
CORAL GABLES	FL	33134-5635

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GEOMANTIC DESIGNS, INC.

Occupation  
LANDSCAPE ARCHITECT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159265**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH PASCHALL**

Mailing Address 7640 W 123RD PL

City	State	Zip Code
PALOS HEIGHTS	IL	60463-1214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.158683**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

## CONTRIBUTION

Amount of Each Receipt this Period

40.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH PASCHALL**

Mailing Address 7640 W 123RD PL

City	State	Zip Code
PALOS HEIGHTS	IL	60463-1214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.166160**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH PASCHALL**

Mailing Address 7640 W 123RD PL

City	State	Zip Code
PALOS HEIGHTS	IL	60463-1214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.171791**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

140.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM M. PASCUCCI**

Mailing Address 1604 CLARE AVE

City	State	Zip Code
WEST PALM BEACH	FL	33401-6914

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CHATHAM REALTY**

Occupation  
**MECHANIC**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179006**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRIAN PASQUALE**

Mailing Address 4136 CRESCENT DR

City	State	Zip Code
CHESTER SPRINGS	PA	19425-3912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CORNERSTONE ONDEMAND**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.178075**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAULO PASSONI**

Mailing Address 200 RIVERSIDE DR  
APT 9F

City	State	Zip Code
NEW YORK	NY	10025-7246

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THIRD POINT**

Occupation  
**INVESTMENT BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159368**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KENNETH D. PASTERNAK**

Mailing Address 111 E SADDLE RIVER RD

City

SADDLE RIVER

State

NJ

Zip Code

07458-3033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KABR REAL ESTATE

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174078**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES P. PATE**

Mailing Address 5224 LACKEY LN

City

TUPELO

State

MS

Zip Code

38801-6953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.171981**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES P. PATE**

Mailing Address 5224 LACKEY LN

City

TUPELO

State

MS

Zip Code

38801-6953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.179194**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEVIN PATE**

Mailing Address **28 W OXFORD DR**

City <b>ROGERS</b>	State <b>AR</b>	Zip Code <b>72758-9530</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WALMART**

Occupation  
**MERCHANDISING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157016**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ANANDI K. PATEL**

Mailing Address **6254 BRIDLE CT**

City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17111-6901</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165650**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BHARAT V. PATEL**

Mailing Address **8827 COBBLESTONE POINT CIR**

City <b>BOYNTON BEACH</b>	State <b>FL</b>	Zip Code <b>33472-4455</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.172964**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6200.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BHIKHU PATEL**

Mailing Address **8827 COBBLESTONE POINT CIR**

City <b>BOYNTON BEACH</b>	State <b>FL</b>	Zip Code <b>33472-4455</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer <b>INFORMATION REQUESTED PER BEST EFF</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>
---	---

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.172963**

Date of Receipt

M M / D D / Y Y Y Y
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DIPIKA PATEL**

Mailing Address **18128 CLEAR BROOK CIR**

City <b>BOCA RATON</b>	State <b>FL</b>	Zip Code <b>33498-1943</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer <b>QUEST DIAGNOSTICS</b>	Occupation <b>MEDICAL TECHNOLOGIST</b>
--	---

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.173025**

Date of Receipt

M M / D D / Y Y Y Y
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KANTI D. PATEL**

Mailing Address **6 CAROTHERS CIR**

City <b>MECHANICSBURG</b>	State <b>PA</b>	Zip Code <b>17050-1713</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer <b>HERSHA HOSPITALITY MANAGEMENT</b>	Occupation <b>HOTEL BUSINESS</b>
--	-------------------------------------

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165661**

Date of Receipt

M M / D D / Y Y Y Y
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**7700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KIRAN P. PATEL**

Mailing Address 6254 BRIDLE CT

City

HARRISBURG

State

PA

Zip Code

17111-6901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HEISHA GROUP

Occupation

CHIEF INVESTMENT OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165649**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. RUXMANI K. PATEL**

Mailing Address 6 CAROTHERS CIR

City

MECHANICSBURG

State

PA

Zip Code

17050-1713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165660**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHARAD V. PATEL**

Mailing Address 18128 CLEAR BROOK CIR

City

BOCA RATON

State

FL

Zip Code

33498-1943

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.173026**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SWATI PATEL**

Mailing Address 8271 PERSIMMON HILL LN

City	State	Zip Code
JACKSONVILLE	FL	32256-3606

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CAIMAN MANAGEMENT**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168686**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☐ Memo Item  
**CHARGED BACK**

**B. Full Name (Last, First, Middle Initial)**

**MR. UMED PATEL**

Mailing Address 8327 OLD TOWN DR

City	State	Zip Code
TAMPA	FL	33647-3335

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172927**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VINOD R. PATEL**

Mailing Address 13414 CARRUTH LN

City	State	Zip Code
HOUSTON	TX	77083-2631

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

**Transaction ID : SA17.160639**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

101.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

101.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MEGHAN PATENAUE**

Mailing Address 1922 TYSONS TRACE DR

City	State	Zip Code
VIENNA	VA	22182-6037

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**J. RONALD TERWILLIGER FOUNDATION**

Occupation  
**SENIOR POLICY ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.164253**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GARY PATSLEY**

Mailing Address 3800 MIRAMAR AVE

City	State	Zip Code
DALLAS	TX	75205-3126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169437**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. PAMELA PATSLEY**

Mailing Address 3800 MIRAMAR AVE

City	State	Zip Code
DALLAS	TX	75205-3126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MONEYGRAM INTERNATIONAL**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169441**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROL PATTERSON**

Mailing Address **OVERTON VIEW COURT**

City	State	Zip Code
<b>FORT WORTH</b>	<b>TX</b>	<b>76109-</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168116**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
<b>11</b>			<b>12</b>			<b>2015</b>			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID R. PATTERSON**

Mailing Address **6441 SIENNA CT**

City	State	Zip Code
<b>FALLS CHURCH</b>	<b>VA</b>	<b>22043-1824</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.181155**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
<b>12</b>			<b>31</b>			<b>2015</b>			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES A. PATTERSON**

Mailing Address **215 5TH ST**  
**STE 100**

City	State	Zip Code
<b>WEST PALM BEACH</b>	<b>FL</b>	<b>33401-4026</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175371**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
<b>12</b>			<b>14</b>			<b>2015</b>			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEFF PATTERSON**

Mailing Address **8 BUENA VIS**

City

**TUSCALOOSA**

State

**AL**

Zip Code

**35404-2912**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HEIDI'S INTERIORS**

Occupation

**DECORATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173580**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LEONORE K. PATTERSON**

Mailing Address **707 FREELING DR**

City

**SARASOTA**

State

**FL**

Zip Code

**34242-1022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173053**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID PATTI**

Mailing Address **101 FAIRWAY DR**

City

**WERNERSVILLE**

State

**PA**

Zip Code

**19565-9725**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PA BUSINESS COUNCIL**

Occupation

**ASSOCIATION EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165906**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DOUG PATTON**

Mailing Address 15 BLOOMDALE

City	State	Zip Code
IRVINE	CA	92614-7531

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PATTON DESIGN**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165643**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KENT PATTON**

Mailing Address 2442 NW MARKET ST

City	State	Zip Code
SEATTLE	WA	98107-4137

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.164304**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KENT PATTON**

Mailing Address 2442 NW MARKET ST

City	State	Zip Code
SEATTLE	WA	98107-4137

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.171421**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KENT PATTON**

Mailing Address **2442 NW MARKET ST**

City	State	Zip Code
SEATTLE	WA	98107-4137

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.171670**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KENT PATTON**

Mailing Address **2442 NW MARKET ST**

City	State	Zip Code
SEATTLE	WA	98107-4137

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.178766**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SHERRI PATTON**

Mailing Address **5801 MERRYMOUNT RD**

City	State	Zip Code
FORT WORTH	TX	76107-3529

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169506**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2900.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LARRY PAULSEN**

Mailing Address 5205 N O CONNOR BLVD  
STE 200

City IRVING State TX Zip Code 75039-3789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PIONEER NATURAL RESOURCES

Occupation  
VP SENIOR ADMINISTRATIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.161337**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM B. PAULS**

Mailing Address 26 SUNSET DR

City CHERRY HILLS VILLAGE State CO Zip Code 80113-4028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE PAULS CORPORATION

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158265**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEE ANN PAYNE**

Mailing Address 3879 MAPLE AVE  
SUITE 400

City DALLAS State TX Zip Code 75219-3965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169360**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KATHLEEN R. PAYNE**

Mailing Address 201 W MONTE VISTA CIR

City	State	Zip Code
WOODLAND	CA	95695-5248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173090**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARSHALL PAYNE**

Mailing Address 3879 MAPLE AVENUE  
SUITE 400

City	State	Zip Code
DALLAS	TX	75219-3965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIC PARTNERS

Occupation  
PR INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169361**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM R. PAYNE**

Mailing Address 596 STEKETEE RD NE

City	State	Zip Code
ADA	MI	49301-8767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALLCOR

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177909**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JOANNE D. PAYSON**

Mailing Address 11450 SE DIXIE HWY  
STE. 206

City HOBE SOUND State FL Zip Code 33455-5235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JOHN PAYSON

Occupation  
ART DEALER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.166127**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN WHITNEY PAYSON**

Mailing Address 11450 SE DIXIE HWY  
STE. 206

City HOBE SOUND State FL Zip Code 33455-5235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166121**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRIAN PECON**

Mailing Address 1674 HALLEFORD CIR

City GERMANTOWN State TN Zip Code 38139-3240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.164101**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3025.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRIAN PECON**

Mailing Address 1674 HALLEFORD CIR

City	State	Zip Code
GERMANTOWN	TN	38139-3240

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.171616**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRIAN PECON**

Mailing Address 1674 HALLEFORD CIR

City	State	Zip Code
GERMANTOWN	TN	38139-3240

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.178847**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRIAN PECON**

Mailing Address 1674 HALLEFORD CIR

City	State	Zip Code
GERMANTOWN	TN	38139-3240

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.179671**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. PIRKKO I. PEDERSEN**

Mailing Address **3589 S OCEAN BLVD**

City

**PALM BEACH**

State

**FL**

Zip Code

**33480-5753**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.156491**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. NILDA R. PEDROSA**

Mailing Address **6640 SW 122ND ST**

City

**MIAMI**

State

**FL**

Zip Code

**33156-5553**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**JEB 2016, INC.**

Occupation

**ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**507.00**

**Transaction ID : SA17.167575**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. NILDA R. PEDROSA**

Mailing Address **6640 SW 122ND ST**

City

**MIAMI**

State

**FL**

Zip Code

**33156-5553**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**JEB 2016, INC.**

Occupation

**ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**507.00**

**Transaction ID : SA17.167706**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**32.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**107.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. NILDA R. PEDROSA**

Mailing Address 6640 SW 122ND ST

City	State	Zip Code
MIAMI	FL	33156-5553

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

507.00

**Transaction ID : SA17.187004**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

REFUNDED \$500.00 ON 11/19/2015

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT I. PEEK JR.**

Mailing Address 5309 WITHAM CT

City	State	Zip Code
TAMPA	FL	33647-1028

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TAUSTOCK

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175018**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SCOTT B. PEELEN**

Mailing Address 201 W CANTON AVE  
STE 150

City	State	Zip Code
WINTER PARK	FL	32789-3171

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MORENO, PEELEN & COMPANY, LLC

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159078**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RYAN PEENE**

Mailing Address 1100 ADAMS ST

City

HOBOKEN

State

NJ

Zip Code

07030-9019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUSSEX BANK

Occupation

SENIOR VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.159834**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RYAN PEENE**

Mailing Address 1100 ADAMS ST

City

HOBOKEN

State

NJ

Zip Code

07030-9019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUSSEX BANK

Occupation

SENIOR VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.176928**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GEURT C. PEET**

Mailing Address 2300 DEBORAH DR

City

PUNTA GORDA

State

FL

Zip Code

33950-8132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MILLENNIUM PHYSICIAN GROUP

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172979**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1948 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City	State	Zip Code
JACKSONVILLE	FL	32211-3282

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.159661**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City	State	Zip Code
JACKSONVILLE	FL	32211-3282

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.165098**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City	State	Zip Code
JACKSONVILLE	FL	32211-3282

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.167410**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**15.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**65.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1949 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32211-3282**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.168835**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32211-3282**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.169589**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**15.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32211-3282**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.172528**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32211-3282**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.176161**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32211-3282**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.177605**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**15.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32211-3282**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.180019**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**90.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JON PEKEL**

Mailing Address **2280 SHEPARD STREET**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32211-3282**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**580.00**

**Transaction ID : SA17.180020**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JOSEPHINE ELLIS PELLETTER**

Mailing Address **4525 N PLACITA DEL TIO**

City

**TUCSON**

State

**AZ**

Zip Code

**85750-6312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160716**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES H. PELTON**

Mailing Address **1776 E DEER CREEK RD**

City

**CLINTON**

State

**IA**

Zip Code

**52732-9507**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**550.00**

**Transaction ID : SA17.170737**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES H. PELTON**

Mailing Address 1776 E DEER CREEK RD

City	State	Zip Code
CLINTON	IA	52732-9507

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.171953**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES H. PELTON**

Mailing Address 1776 E DEER CREEK RD

City	State	Zip Code
CLINTON	IA	52732-9507

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.176826**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES H. PELTON**

Mailing Address 1776 E DEER CREEK RD

City	State	Zip Code
CLINTON	IA	52732-9507

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.181043**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. NANCY A. PENA YRUEGAS**

Mailing Address 1908 PECOS ST

City	State	Zip Code
MISSION	TX	78572-2006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175033**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERTO PENA**

Mailing Address 1709 W GRAN VIA ST

City	State	Zip Code
PHARR	TX	78577-6722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

STUDENT

STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168002**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☐ Memo Item

**CHARGED BACK**

**C. Full Name (Last, First, Middle Initial)**

**RAFAEL PENALVER**

Mailing Address 800 S GREENWAY DR

City	State	Zip Code
CORAL GABLES	FL	33134-4832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

PENALVER & PENALVER

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159080**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ART PENCHANSKY**

Mailing Address **316 BUTTERFLY DR**

City

**TANEYTOWN**

State

**MD**

Zip Code

**21787-1542**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.164538**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ART PENCHANSKY**

Mailing Address **316 BUTTERFLY DR**

City

**TANEYTOWN**

State

**MD**

Zip Code

**21787-1542**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.171971**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ART PENCHANSKY**

Mailing Address **316 BUTTERFLY DR**

City

**TANEYTOWN**

State

**MD**

Zip Code

**21787-1542**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.179238**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1955 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JENNIFER PENDERY**

Mailing Address 4439 WESTWOOD LN

City  
SARASOTA

State Zip Code  
FL 34231-3459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173023**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KENNETH L. PENDERY JR.**

Mailing Address 4439 WESTWOOD LN

City  
SARASOTA

State Zip Code  
FL 34231-3459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FIRST WATCH RESTAURANT

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173024**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. DAWN PENIVE**

Mailing Address 30955 MARQUETTE ST

City  
GARDEN CITY

State Zip Code  
MI 48135-3321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.161370**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1956 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SCOTT A. PENIVE**

Mailing Address 30955 MARQUETTE ST

City	State	Zip Code
GARDEN CITY	MI	48135-3321

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MAVERICK FIRE PROTECTION INC.**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.161374**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KATHRYN H. PENSKE**

Mailing Address 2555 S TELEGRAPH RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302-0912

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ROGER S. PENSKE**

Occupation  
**EXECUTIVE ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162078**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROGER S. PENSKE**

Mailing Address PO BOX 500

City	State	Zip Code
MOORESVILLE	NC	28115-0500

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PENSKE CORPORATION**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162051**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6750.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD PEPPERMAN**

Mailing Address 125 BROAD ST

City  
NEW YORK

State Zip Code  
NY 10004-2400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SULLIVAN & CROMWELL LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157061**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ANNA ELSIE PEREZ**

Mailing Address 15242 SW 46TH LN  
APT F

City  
MIAMI

State Zip Code  
FL 33185-4245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TEVA PHARMACEUTICAL

Occupation  
DIRECTOR OF FINANCE  
TRANSFORMATION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168716**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTIAN PEREZ GIESE**

Mailing Address 785 VIA MIRADA LN

City  
EL PASO

State Zip Code  
TX 79922-2152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CBRE

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177573**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DELMIRO PEREZ**

Mailing Address 4400 NE 30TH AVE

City	State	Zip Code
LIGHTHOUSE POINT	FL	33064-7228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DELPEREZ, LLC**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.160582**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FELIX PEREZ**

Mailing Address PO BOX 3452

City	State	Zip Code
MAYAGUEZ	PR	00681-3452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MEDIA CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

**Transaction ID : SA17.173661**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FELIX PEREZ**

Mailing Address PO BOX 3452

City	State	Zip Code
MAYAGUEZ	PR	00681-3452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MEDIA CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

**Transaction ID : SA17.173782**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3005.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAVIER Y. PEREZ-FERRER**

Mailing Address 1403 NW 1ST ST  
APT 3

City State Zip Code  
MIAMI FL 33125-5579

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162991**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KENT J. PEREZ**

Mailing Address 1220 STONEHURST WAY

City State Zip Code  
TALLAHASSEE FL 32312-1067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

OFFICE ATTORNEY GENERAL

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.170631**

Date of Receipt

M M / D D / Y Y Y Y  
11 24 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City State Zip Code  
RALEIGH NC 27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RADIOLOGY ASSOCIATES OF  
ALBUQUERQUE

M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.156621**

Date of Receipt

M M / D D / Y Y Y Y  
10 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1205.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.162721**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.163920**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.165564**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

152.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.167818**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.168972**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.169299**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

34.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.171034**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.171340**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.172180**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

51.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.174191**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.175552**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.175820**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERTO PEREZ-GAUTRIN**

Mailing Address 1211 WINDING ARBOR TRL

City	State	Zip Code
RALEIGH	NC	27606-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RADIOLOGY ASSOCIATES OF ALBUQUERQUE	M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.180022**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROMAN PEREZ**

Mailing Address 1921 SW 33RD AVE

City	State	Zip Code
MIAMI	FL	33145-2219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
DREAM MAKER	BOAT MECHANIC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.170094**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROMAN PEREZ**

Mailing Address 1921 SW 33RD AVE

City	State	Zip Code
MIAMI	FL	33145-2219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
DREAM MAKER	BOAT MECHANIC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.178995**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

775.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1965 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES PERKINS**

Mailing Address **6405 HOLLYTREE CIR**

City	State	Zip Code
TYLER	TX	75703-5768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CITIZENS 1ST BANK**

Occupation  
**BANK PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.159021**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JESSIE PERKINS**

Mailing Address **2725 RITTENHOUSE ST NW**

City	State	Zip Code
WASHINGTON	DC	20015-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMERICAN IRON AND STEEL INSTITUTE**

Occupation  
**LOBBYIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**255.00**

**Transaction ID : SA17.174560**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JESSIE PERKINS**

Mailing Address **2725 RITTENHOUSE ST NW**

City	State	Zip Code
WASHINGTON	DC	20015-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMERICAN IRON AND STEEL INSTITUTE**

Occupation  
**LOBBYIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**255.00**

**Transaction ID : SA17.176128**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2255.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN N. PERKINS**

Mailing Address 4103 SHENANDOAH

City	State	Zip Code
DALLAS	TX	75205-2021

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JOHN N. PERKINS, CPA**

Occupation  
**INVESTMENT COUNSEL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169417**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KATHRYN B. PERKINS**

Mailing Address 4103 SHENANDOAH

City	State	Zip Code
DALLAS	TX	75205-2021

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169414**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARGARET H. PERKINS**

Mailing Address 6405 HOLLYTREE CIR

City	State	Zip Code
TYLER	TX	75703-5768

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CITIZENS 1ST BANK**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.167510**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARGARET H. PERKINS**

Mailing Address **6405 HOLLYTREE CIR**

City <b>TYLER</b>	State <b>TX</b>	Zip Code <b>75703-5768</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CITIZENS 1ST BANK**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.167514**

Date of Receipt

M M / D D / Y Y Y Y
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DELFIN PERNAS**

Mailing Address **13220 SW 132ND AVE**  
**STE 2**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33186-6140</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PERSANT CONSTRUCTION**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2350.00**

**Transaction ID : SA17.160038**

Date of Receipt

M M / D D / Y Y Y Y
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JORGE A. PERNAS**

Mailing Address **11995 SW 97TH AVE**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33176-4205</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PERSANT CONSTRUCTION**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.160062**

Date of Receipt

M M / D D / Y Y Y Y
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**4500.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LOURDES M. PERNAS**

Mailing Address 114 SW 125TH AVE

City	State	Zip Code
MIAMI	FL	33184-1439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.160061**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SARAH PEROT**

Mailing Address PO BOX 269014

City	State	Zip Code
PLANO	TX	75026-9014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SARAH & ROSS PEROT JR. FOUNDATION

Occupation  
FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169507**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH PERRY**

Mailing Address 6615 BANDERA AVE  
APT 2F

City	State	Zip Code
DALLAS	TX	75225-4053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172957**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY PERRY**

Mailing Address **6615 BANDERA AVE**  
**APT 2F**

City **DALLAS** State **TX** Zip Code **75225-4053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172952**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. VIRGINIA V. PERSONS**

Mailing Address **2555 ARDEN RD NW**

City **ATLANTA** State **GA** Zip Code **30327-1256**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.174761**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KATHLEEN M. PESCE**

Mailing Address **418 FAIRBOROUGH CT**

City **CORAOPOLIS** State **PA** Zip Code **15108-3480**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2400.00**

**Transaction ID : SA17.166386**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2400.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LEONARD P. PESCE**

Mailing Address **418 FAIRBOROUGH CT**

City	State	Zip Code
CORAOPOLIS	PA	15108-3480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AC DELLOVADE, INC.**

Occupation  
**SALES MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2400.00**

**Transaction ID : SA17.166385**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2400.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GREGG C. PETERSON**

Mailing Address **250 PEAVEY LN**

City	State	Zip Code
WAYZATA	MN	55391-1523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NASCENT CAPITAL, INC.**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173495**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JACK B. PETERSEN**

Mailing Address **415 KNOLLWOOD RD**

City	State	Zip Code
RIDGEWOOD	NJ	07450-4707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SUMMIT TRAIL ADVISORS**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158453**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

**8300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JACK B. PETERSEN**

Mailing Address 415 KNOLLWOOD RD

City	State	Zip Code
RIDGEWOOD	NJ	07450-4707

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SUMMIT TRAIL ADVISORS**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158453B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. KELLY PETERSEN**

Mailing Address 415 KNOLLWOOD RD

City	State	Zip Code
RIDGEWOOD	NJ	07450-4707

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173064**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**JAN PETERSEN**

Mailing Address 8951 LAKE DR  
APT 503

City	State	Zip Code
CAPE CANAVERAL	FL	32920-5504

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LUXURY REAL ESTATE FLORIDA, INC.**

Occupation  
**BROKER ASSOCIATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.156489**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. PETERMAN**

Mailing Address **615 E BROOKSIDE DR**

City

**CROWN POINT**

State

**IN**

Zip Code

**46307-4369**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**WHITE PETERMAN PROPERTIES**

Occupation

**ADVERTISING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158496**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KIERSTEN S. PETERSON**

Mailing Address **4969 HILLBROOK LN NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20016-3208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2750.00**

**Transaction ID : SA17.167957**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KIERSTEN S. PETERSON**

Mailing Address **4969 HILLBROOK LN NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20016-3208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2750.00**

**Transaction ID : SA17.167957B**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-50.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**1050.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KIERSTEN S. PETERSON**

Mailing Address 4969 HILLBROOK LN NW

City

WASHINGTON

State

DC

Zip Code

20016-3208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.168675**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**KRISTINA PETRANDIS**

Mailing Address PO BOX 12845

City

TALLAHASSEE

State

FL

Zip Code

32317-2845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158055**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KRISTINA PETRANDIS**

Mailing Address PO BOX 12845

City

TALLAHASSEE

State

FL

Zip Code

32317-2845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.160174**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS A. PETRIE**

Mailing Address **55 W 12TH AVE**  
**UNIT 508**

City **DENVER** State **CO** Zip Code **80204-3654**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PETRIE PARTNERS LLC**

Occupation  
**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161510**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD PETROCELLI**

Mailing Address **26 E 93RD ST**

City **NEW YORK** State **NY** Zip Code **10128-0626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173381**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GARY PETRUCCI**

Mailing Address **2975 COUNTY ROAD 24**

City **LONG LAKE** State **MN** Zip Code **55356-9538**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RBC**

Occupation  
**BROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173362**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LEIGH PETTIBONE**

Mailing Address 300 HOLLIS AVE

City

PANAMA CITY

State

FL

Zip Code

32401-3935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PETTIBONE CONCRETE CONSTRUCTION

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172307**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH PETWAY**

Mailing Address 1601 BEACH AVE

City

ATLANTIC BEACH

State

FL

Zip Code

32233-5840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.158592**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH PETWAY**

Mailing Address 1601 BEACH AVE

City

ATLANTIC BEACH

State

FL

Zip Code

32233-5840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.158592B**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH PETWAY**

Mailing Address 1601 BEACH AVE

City	State	Zip Code
ATLANTIC BEACH	FL	32233-5840

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162971**

Date of Receipt

**10** / **19** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MRS. LINDSEY PETWAY**

Mailing Address 1565 BEACH AVE

City	State	Zip Code
ATLANTIC BEACH	FL	32233-5735

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.158561**

Date of Receipt

**10** / **14** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LINDSEY PETWAY**

Mailing Address 1565 BEACH AVE

City	State	Zip Code
ATLANTIC BEACH	FL	32233-5735

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.158561B**

Date of Receipt

**10** / **19** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LINDSEY PETWAY**

Mailing Address 1565 BEACH AVE

City	State	Zip Code
ATLANTIC BEACH	FL	32233-5735

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162970**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**CYNTHIA PEYTON**

Mailing Address 141 NATIVE TRCE

City	State	Zip Code
NICHOLASVILLE	KY	40356-6011

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175806**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER L. PFEIFFER**

Mailing Address 1800 W 6TH ST

City	State	Zip Code
AUSTIN	TX	78703-4795

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.161082**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL L. PFISTER**

Mailing Address 25402 ESTES LAKE LN

City	State	Zip Code
KATY	TX	77494-2540

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CONOCO PHILLIPS

Occupation  
CIO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163123**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LOAN KIM PHAM**

Mailing Address 3433 ELLERY CMN

City	State	Zip Code
FREMONT	CA	94538-5412

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172394**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PETER PHAN**

Mailing Address 1200 S JACKSON ST  
STE 21

City	State	Zip Code
SEATTLE	WA	98144-2042

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HB DEVELOPMENT & MANAGEMENT, INC.

Occupation  
OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.162638**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1275.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRIS PHELEN**

Mailing Address 975 N LINCOLN ST  
APT 3C

City State Zip Code  
DENVER CO 80203-2742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
VENTURE DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159613**

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City State Zip Code  
OROVILLE CA 95966-5702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.162665**

Date of Receipt

M M / D D / Y Y Y Y  
10 24 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City State Zip Code  
OROVILLE CA 95966-5702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.165501**

Date of Receipt

M M / D D / Y Y Y Y  
11 02 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

285.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.166190**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.166742**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.168029**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

65.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173131**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173283**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173835**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

45.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1982 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.174549**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.174806**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.175284**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.175757**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.178226**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRISTINE L. PHELPS**

Mailing Address 210 RIM CANYON PKWY

City	State	Zip Code
OROVILLE	CA	95966-5702

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.181608**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

85.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PETER VAN NESS PHILIP**

Mailing Address **49 MAPLE ST**  
**APT 223**

City State Zip Code  
**MANCHESTER CENTER VT 05255-4478**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.170822**

Date of Receipt

**11 / 25 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ASA PHILLIPS**

Mailing Address **10519 WINTERS RUN**

City State Zip Code  
**TALLAHASSEE FL 32312-5108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.164474**

Date of Receipt

**10 / 29 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ASA PHILLIPS**

Mailing Address **10519 WINTERS RUN**

City State Zip Code  
**TALLAHASSEE FL 32312-5108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.171935**

Date of Receipt

**11 / 28 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1985 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ASA PHILLIPS**

Mailing Address 10519 WINTERS RUN

City	State	Zip Code
TALLAHASSEE	FL	32312-5108

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179162**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CONSUELO PHILLIPS**

Mailing Address 2335 OLDBRIDGE DR

City	State	Zip Code
DALLAS	TX	75228-5359

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NEXT

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.156831**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HARRY H. PHILLIPS**

Mailing Address 801 S FILLMORE ST  
STE 630

City	State	Zip Code
AMARILLO	TX	79101-3545

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL & GAS INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.151886**

Date of Receipt

**09 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HARRY H. PHILLIPS**

Mailing Address 801 S FILLMORE ST  
STE 630

City State Zip Code  
AMARILLO TX 79101-3545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL & GAS INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.151886B**

Date of Receipt

M M / D D / Y Y Y Y  
10 05 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. HARRY H. PHILLIPS**

Mailing Address 801 S FILLMORE ST  
STE 630

City State Zip Code  
AMARILLO TX 79101-3545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL & GAS INVESTMENTS

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.158676**

Date of Receipt

M M / D D / Y Y Y Y  
10 05 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item  
REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MRS. KATHRYN H. PHILLIPS**

Mailing Address 1505 EMERALD BAY

City State Zip Code  
LAGUNA BEACH CA 92651-1235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHILLIPS ADR ENTERPRISES PC

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179013**

Date of Receipt

M M / D D / Y Y Y Y  
12 29 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KIMBERLY PHILLIPS**

Mailing Address 511 SENLAC RD

City

CHAPEL HILL

State

NC

Zip Code

27514-3832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KIMBERLY GLENN, INC.

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167297**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHIL PHILLIPS**

Mailing Address 511 SENLAC RD

City

CHAPEL HILL

State

NC

Zip Code

27514-3832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WORLD LINK, INC.

Occupation

PRESIDENT AND CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167298**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM PHILLIPS**

Mailing Address 2335 OLDBRIDGE DR

City

DALLAS

State

TX

Zip Code

75228-5359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AVANDE

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.156830**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1988 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM T. PHILLIPS JR.**

Mailing Address PO BOX 50730

City	State	Zip Code
KNOXVILLE	TN	37950-0730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHILLIPS & JORDAN, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.150005**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM T. PHILLIPS JR.**

Mailing Address PO BOX 50730

City	State	Zip Code
KNOXVILLE	TN	37950-0730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHILLIPS & JORDAN, INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.150005B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM T. PHILLIPS JR.**

Mailing Address PO BOX 50730

City	State	Zip Code
KNOXVILLE	TN	37950-0730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHILLIPS & JORDAN, INC.

Occupation  
CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170912**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1989 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIMOTHY H. PHILPOT JR.**

Mailing Address 500 BAYOU BLVD

City

PENSACOLA

State

FL

Zip Code

32503-6328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STATE OF FLORIDA

Occupation

CHIEF OF STAFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158052**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. VIVIAN WEYERHAEUSER PIASECKI**

Mailing Address 26 TUNBRIDGE RD

City

HAVERFORD

State

PA

Zip Code

19041-1038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PIASECKI AIRCRAFT

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.160015**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. VIVIAN WEYERHAEUSER PIASECKI**

Mailing Address 26 TUNBRIDGE RD

City

HAVERFORD

State

PA

Zip Code

19041-1038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PIASECKI AIRCRAFT

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

**Transaction ID : SA17.173072**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALLISON PICKENS**

Mailing Address 3821 20TH ST

City

SAN FRANCISCO

State

CA

Zip Code

94114-3002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GAINSIGHT

Occupation

VP OF CUSTOMER SUCCESS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161579**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES W. PICKERING JR.**

Mailing Address 4708 CALNITA PL

City

JACKSON

State

MS

Zip Code

39211-5803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INCOMPAS

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174766**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAN PICKERING**

Mailing Address 5300 BAYOU GLEN RD

City

HOUSTON

State

TX

Zip Code

77056-1307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TUDOR, PICKERING, HOLT & CO., LLC

Occupation

PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164122**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GIRARD PICO**

Mailing Address 3639 YOSEMITE ST

City	State	Zip Code
SAN DIEGO	CA	92109-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.160661**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CAROLINE RIDLING PIERCE**

Mailing Address 141 RADNEY RD

City	State	Zip Code
HOUSTON	TX	77024-7334

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENT SECURITIES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164352**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES C. PIERCE JR.**

Mailing Address 3710 POTOMAC AVE

City	State	Zip Code
DALLAS	TX	75205-2113

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166352**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DABNEY PENICK PIERCE**

Mailing Address 3600 INVERNESS DR

City	State	Zip Code
HOUSTON	TX	77019-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166174**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

CONTRIBUTION

Amount of Each Receipt this Period

-54.00

☐ Memo Item  
CHARGED BACK

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. PIERCE**

Mailing Address 141 RADNEY RD

City	State	Zip Code
HOUSTON	TX	77024-7334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164343**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES R. PIERCE JR.**

Mailing Address 3600 INVERNESS DR

City	State	Zip Code
HOUSTON	TX	77019-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JLT SPECIALTY INSURANCE SERVICES,  
INC.

Occupation  
INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2722.50

**Transaction ID : SA17.151502**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

CONTRIBUTION

Amount of Each Receipt this Period

22.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2646.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES R. PIERCE JR.**

Mailing Address 3600 INVERNESS DR

City	State	Zip Code
HOUSTON	TX	77019-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
JLT SPECIALTY INSURANCE SERVICES, INC	INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2722.50

**Transaction ID : SA17.151502B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-22.50

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES R. PIERCE JR.**

Mailing Address 3600 INVERNESS DR

City	State	Zip Code
HOUSTON	TX	77019-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
JLT SPECIALTY INSURANCE SERVICES, INC	INSURANCE BROKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2722.50

**Transaction ID : SA17.159172**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

22.50

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD PIERCE**

Mailing Address 11601 E OLD SPANISH TRL

City	State	Zip Code
TUCSON	AZ	85730-5615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
JIM CLICK AUTOMOTIVE	VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.161521**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD PIERCE**

Mailing Address 11601 E OLD SPANISH TRL

City	State	Zip Code
TUCSON	AZ	85730-5615

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JIM CLICK AUTOMOTIVE**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.180486**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RON PIERCE**

Mailing Address 810 CENTERBROOK DR

City	State	Zip Code
BRANDON	FL	33511-8062

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**R.S.A. CONSULTING GROUP, L.L.C.**

Occupation  
**GOVERNMENT RELATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.174381**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELVIS PIERRE**

Mailing Address PO BOX 54418

City	State	Zip Code
MILLINGTON	TN	38054-0418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DON**

Occupation  
**POLICY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.165231**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JULIA PIERSON**

Mailing Address 4638 LAMBERT DR

City

ALEXANDRIA

State

VA

Zip Code

22311-4951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165768**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JULIA PIERSON**

Mailing Address 4638 LAMBERT DR

City

ALEXANDRIA

State

VA

Zip Code

22311-4951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176593**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JULIA PIERSON**

Mailing Address 4638 LAMBERT DR

City

ALEXANDRIA

State

VA

Zip Code

22311-4951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179695**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MYRNA PIETRI**

Mailing Address 1320 PORTIA ST

City

LOS ANGELES

State

CA

Zip Code

90026-3428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CITY OF LOS ANGELES

Occupation

MANAGEMENT ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161446**

Date of Receipt

**10** / **19** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MYRNA PIETRI**

Mailing Address 1320 PORTIA ST

City

LOS ANGELES

State

CA

Zip Code

90026-3428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CITY OF LOS ANGELES

Occupation

MANAGEMENT ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170002**

Date of Receipt

**11** / **17** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MYRNA PIETRI**

Mailing Address 1320 PORTIA ST

City

LOS ANGELES

State

CA

Zip Code

90026-3428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CITY OF LOS ANGELES

Occupation

MANAGEMENT ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175970**

Date of Receipt

**12** / **16** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD B. PIETRZAK**

Mailing Address 515 WILDERNESS DR

City

SCHERERVILLE

State

IN

Zip Code

46375-2925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LITHOGRAPHIC COMMUNICATIONS

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159244**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN PIGOTT**

Mailing Address 4202 HUNTERS HILL RD

City

NORMAN

State

OK

Zip Code

73072-3922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNIVERSITY OF OKLAHOMA

Occupation

PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.162550**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN PIGOTT**

Mailing Address 4202 HUNTERS HILL RD

City

NORMAN

State

OK

Zip Code

73072-3922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNIVERSITY OF OKLAHOMA

Occupation

PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.177015**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LONNIE A. PILGRIM**

Mailing Address 800 GREER BLVD.

City	State	Zip Code
PITTSBURG	TX	75686-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.157566**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10800.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. LONNIE A. PILGRIM**

Mailing Address 800 GREER BLVD.

City	State	Zip Code
PITTSBURG	TX	75686-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162296B**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MR. LONNIE A. PILGRIM**

Mailing Address 800 GREER BLVD.

City	State	Zip Code
PITTSBURG	TX	75686-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162298**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LONNIE A. PILGRIM**

Mailing Address 800 GREER BLVD.

City	State	Zip Code
PITTSBURG	TX	75686-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.B162296**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-5400.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. PATTY PILGRIM**

Mailing Address 800 GREER BLVD.

City	State	Zip Code
PITTSBURG	TX	75686-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.B162295**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. PATTY PILGRIM**

Mailing Address 800 GREER BLVD.

City	State	Zip Code
PITTSBURG	TX	75686-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162295**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2000 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PATTY PILGRIM**

Mailing Address 800 GREER BLVD.

City	State	Zip Code
PITTSBURG	TX	75686-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162295B**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MRS. PATTY PILGRIM**

Mailing Address 800 GREER BLVD.

City	State	Zip Code
PITTSBURG	TX	75686-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162300**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**HUSEIN NICO PILIPOVIC**

Mailing Address 520 SE GREENBRIAR CIR

City	State	Zip Code
WAUKEE	IA	50263-9695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SELF-EMPLOYED

SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

**Transaction ID : SA17.157427**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2001 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HUSEIN NICO PILIPOVIC**

Mailing Address **520 SE GREENBRIAR CIR**

City	State	Zip Code
WAUKEE	IA	50263-9695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**385.00**

**Transaction ID : SA17.157428**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HUSEIN NICO PILIPOVIC**

Mailing Address **520 SE GREENBRIAR CIR**

City	State	Zip Code
WAUKEE	IA	50263-9695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**385.00**

**Transaction ID : SA17.157429**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HUSEIN NICO PILIPOVIC**

Mailing Address **520 SE GREENBRIAR CIR**

City	State	Zip Code
WAUKEE	IA	50263-9695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**385.00**

**Transaction ID : SA17.157430**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2002 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HUSEIN NICO PILIPOVIC**

Mailing Address **520 SE GREENBRIAR CIR**

City

**WAUKEE**

State

**IA**

Zip Code

**50263-9695**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**SELF-EMPLOYED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**385.00**

**Transaction ID : SA17.167707**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**60.00**



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VAN PILKINGTON**

Mailing Address **3552 S 900 E**

City

**BOUNTIFUL**

State

**UT**

Zip Code

**84010-3342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**PILKINGTON METAL FINISHING**

Occupation

**OWNER**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.178676**

Date of Receipt

**12 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MELISSA PINE**

Mailing Address **PO BOX 260621**

City

**PLANO**

State

**TX**

Zip Code

**75026-0621**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**GRIMMWAY FARMS**

Occupation

**VP JUICE SALES**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175846**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3010.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2003 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. SHEILA G. PINETTE**

Mailing Address 9 GRANITE RIDGE RD

City	State	Zip Code
CAPE ELIZABETH	ME	04107-1640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAINE MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

685.00

**Transaction ID : SA17.156598**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. SHEILA G. PINETTE**

Mailing Address 9 GRANITE RIDGE RD

City	State	Zip Code
CAPE ELIZABETH	ME	04107-1640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAINE MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

685.00

**Transaction ID : SA17.168945**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. SHEILA G. PINETTE**

Mailing Address 9 GRANITE RIDGE RD

City	State	Zip Code
CAPE ELIZABETH	ME	04107-1640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAINE MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

685.00

**Transaction ID : SA17.173357**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2004 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. SHEILA G. PINETTE**

Mailing Address 9 GRANITE RIDGE RD

City	State	Zip Code
CAPE ELIZABETH	ME	04107-1640

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MAINE MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

685.00

**Transaction ID : SA17.174618**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. SHEILA G. PINETTE**

Mailing Address 9 GRANITE RIDGE RD

City	State	Zip Code
CAPE ELIZABETH	ME	04107-1640

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MAINE MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

685.00

**Transaction ID : SA17.175545**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. SHEILA G. PINETTE**

Mailing Address 9 GRANITE RIDGE RD

City	State	Zip Code
CAPE ELIZABETH	ME	04107-1640

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MAINE MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

685.00

**Transaction ID : SA17.175812**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2005 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSEPH PINION**

Mailing Address **276 SAINT JOHNS AVE**

City

**YONKERS**

State

**NY**

Zip Code

**10704-2720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MHHC FOUNDATION**

Occupation  
**DIR. YOUTH DEVELOPMENT & SPECIAL PR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**211.00**

**Transaction ID : SA17.158974**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSEPH PINION**

Mailing Address **276 SAINT JOHNS AVE**

City

**YONKERS**

State

**NY**

Zip Code

**10704-2720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MHHC FOUNDATION**

Occupation  
**DIR. YOUTH DEVELOPMENT & SPECIAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**211.00**

**Transaction ID : SA17.164017**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH PINION**

Mailing Address **276 SAINT JOHNS AVE**

City

**YONKERS**

State

**NY**

Zip Code

**10704-2720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MHHC FOUNDATION**

Occupation  
**DIR. YOUTH DEVELOPMENT & SPECIAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**211.00**

**Transaction ID : SA17.167487**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**111.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2006 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSEPH PINION**

Mailing Address **276 SAINT JOHNS AVE**

City

**YONKERS**

State

**NY**

Zip Code

**10704-2720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MHHC FOUNDATION**

Occupation  
**DIR. YOUTH DEVELOPMENT & SPECIAL PR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**211.00**

**Transaction ID : SA17.175089**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ELIZABETH DIAL PINKERTON**

Mailing Address **1600 N OAK ST**  
**APT 1817**

City

**ARLINGTON**

State

**VA**

Zip Code

**22209-2770**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.175111**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CARLOS DANIEL PINO**

Mailing Address **7450 SW 60TH ST**

City

**MIAMI**

State

**FL**

Zip Code

**33143-1706**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CENTURY PLUMBING**

Occupation  
**PLUMBING SUPPLIER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.161171**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2007 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CARLOS DANIEL PINO**

Mailing Address 7450 SW 60TH ST

City  
MIAMI

State  
FL

Zip Code  
33143-1706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CENTURY PLUMBING

Occupation  
PLUMBING SUPPLIER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.161171B**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item  
**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. CARLOS DANIEL PINO**

Mailing Address 7450 SW 60TH ST

City  
MIAMI

State  
FL

Zip Code  
33143-1706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CENTURY PLUMBING

Occupation  
PLUMBING SUPPLIER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.165477**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item  
**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MR. ASHOK PINTO**

Mailing Address 371 CAMERON STATION BLVD

City  
ALEXANDRIA

State  
VA

Zip Code  
22304-8680

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. GOVERNMENT

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.157316**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 2008 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK JOSEPH PINTO JR.**

Mailing Address 428 WATERFORD DRIVE

City	State	Zip Code
SAINT JOHNS	FL	32259-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE FIORENTINO GROUP**

Occupation  
**PRINCIPAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170653**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. REGINA PITARO**

Mailing Address 45 FIELD POINT CIR

City	State	Zip Code
GREENWICH	CT	06830-7072

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GAMCO INVESTORS**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175374**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICIA R. PITKIN**

Mailing Address 401 COLBY PL

City	State	Zip Code
PORTERVILLE	CA	93257-6908

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.165371**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2009 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALISA PITTMAN**

Mailing Address 32 CR 448

City	State	Zip Code
IUKA	MS	38852-7090

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168962**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BOBBY PITTMAN**

Mailing Address 1469 SPRING VALE AVE

City	State	Zip Code
MCLEAN	VA	22101-3528

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KUPANDA CAPITAL

Occupation  
MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163158**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID CAMP PITTMAN**

Mailing Address 32 COUNTY ROAD 448

City	State	Zip Code
IUKA	MS	38852-7090

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BGR GROUP

Occupation  
CLERK

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1950.00

**Transaction ID : SA17.163324**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2010 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID CAMP PITTMAN**

Mailing Address 32 COUNTY ROAD 448

City	State	Zip Code
IUKA	MS	38852-7090

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BGR GROUP**

Occupation  
**CLERK**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1950.00

**Transaction ID : SA17.167465**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEVIN PITTS**

Mailing Address 1627 HIGHLAND DR

City	State	Zip Code
NEWPORT BEACH	CA	92660-4814

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DOLPHIN PARTNERS**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170931**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELLEN PIZZUTI**

Mailing Address 20 WIVELISCOMBE

City	State	Zip Code
NEW ALBANY	OH	43054-7603

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159137**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2011 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEFF PLAGGE**

Mailing Address **15811 LAKESHORE DRIVE**

City	State	Zip Code
<b>SPIRIT LAKE</b>	<b>IA</b>	<b>51360-</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NORTHWEST FINANCIAL CORP**

Occupation  
**BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.159745**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>10</b>		<b>17</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**EDWARD PLANETA JR.**

Mailing Address **11 BRUGGEMAN PL**

City	State	Zip Code
<b>MYSTIC</b>	<b>CT</b>	<b>06355-1901</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ACME WIRE PRODUCTS CO. INC.**

Occupation  
**V.P. SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.168257**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>11</b>		<b>13</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDWARD PLANETA JR.**

Mailing Address **11 BRUGGEMAN PL**

City	State	Zip Code
<b>MYSTIC</b>	<b>CT</b>	<b>06355-1901</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ACME WIRE PRODUCTS CO. INC.**

Occupation  
**V.P. SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.175496**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>13</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2012 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ROSA MARIA PLASENCIA**

Mailing Address 8525 SW 68TH ST

City	State	Zip Code
MIAMI	FL	33143-2437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMIGOS FOR KIDS**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162058**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. GLORIA F. PLASTOW**

Mailing Address 8900 SW 74TH ST

City	State	Zip Code
MIAMI	FL	33173-3446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162092**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. GRACE M. PLAYER**

Mailing Address 426 LILLY RD NE  
APT 343

City	State	Zip Code
OLYMPIA	WA	98506-6908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.175915**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1400.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

PAGE 2013 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD MARVIN PODA**

Mailing Address 6213 ROXBORO ST

City	State	Zip Code
SPRING HILL	FL	34606-5968

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.158830**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. RAYMOND A. POHLMAN**

Mailing Address 575 LEMASTER ST

City	State	Zip Code
MEMPHIS	TN	38104-5133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTOZONE

Occupation  
VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166613**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City	State	Zip Code
ESSEXVILLE	MI	48732-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.157147**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

CONTRIBUTION

Amount of Each Receipt this Period

1.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1101.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2014 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.168078**

Date of Receipt

MM / DD / YYYY  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.169649**

Date of Receipt

MM / DD / YYYY  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.171024**

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2015 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.171121**

Date of Receipt

**11 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.174620**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.175306**

Date of Receipt

**12 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2016 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.175814**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.175815**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.177262**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

56.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2017 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.177627**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.178573**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DENNIS POIRIER**

Mailing Address 1265 ORCHARD RD

City

ESSEXVILLE

State

MI

Zip Code

48732-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.178681**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2018 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BILL POLAND**

Mailing Address **2 HENRY ADAMS ST**  
**STE 450**

City State Zip Code  
**SAN FRANCISCO CA 94103-5000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BAY WEST GROUP**

Occupation  
**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.162888**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10000.00**

☐ Memo Item

**SEE REATTRIBUTION**

**B. Full Name (Last, First, Middle Initial)**

**MR. BILL POLAND**

Mailing Address **2 HENRY ADAMS ST**  
**STE 450**

City State Zip Code  
**SAN FRANCISCO CA 94103-5000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BAY WEST GROUP**

Occupation  
**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.162888B**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-4600.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**MR. BILL POLAND**

Mailing Address **2 HENRY ADAMS ST**  
**STE 450**

City State Zip Code  
**SAN FRANCISCO CA 94103-5000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BAY WEST GROUP**

Occupation  
**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.174516B**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**10000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2019 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BILL POLAND**

Mailing Address **2 HENRY ADAMS ST**  
**STE 450**

City State Zip Code  
**SAN FRANCISCO CA 94103-5000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BAY WEST GROUP**

Occupation  
**PRESIDENT & CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.174521**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MARY POLAND**

Mailing Address **2 HENRY ADAMS ST**  
**STE 450**

City State Zip Code  
**SAN FRANCISCO CA 94103-5000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4600.00**

**Transaction ID : SA17.174515**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**4600.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**MARY POLAND**

Mailing Address **2 HENRY ADAMS ST**  
**STE 450**

City State Zip Code  
**SAN FRANCISCO CA 94103-5000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4600.00**

**Transaction ID : SA17.174515B**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-1900.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**0.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2020 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY POLAND**

Mailing Address **2 HENRY ADAMS ST**  
**STE 450**

City **SAN FRANCISCO** State **CA** Zip Code **94103-5000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4600.00**

**Transaction ID : SA17.174519**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1900.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY POLITO**

Mailing Address **17-17 STATE RT 208**  
**STE 126**

City **FAIR LAWN** State **NJ** Zip Code **07410-2818**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ROTH & MERRITT PC**

Occupation

**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172966**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FRANK LYON POLK III**

Mailing Address **50 E 89TH ST**

City **NEW YORK** State **NY** Zip Code **10128-1225**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SMITH BARNEY**

Occupation

**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.175359**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2021 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JUDY POLLOCK**

Mailing Address 3936 LOST CREEK DR

City	State	Zip Code
DALLAS	TX	75224-4160

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GIAL

Occupation  
DIRECTOR OF DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.168113**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JUDY POLLOCK**

Mailing Address 3936 LOST CREEK DR

City	State	Zip Code
DALLAS	TX	75224-4160

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GIAL

Occupation  
DIRECTOR OF DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.171064**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ERNESTO POMA**

Mailing Address 2121 SW 3RD AVE  
STE 800

City	State	Zip Code
MIAMI	FL	33129-1437

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TRANSAL CORPORATION

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173713**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1501.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2022 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANOLAN PONCE**

Mailing Address 133 ISLA DORADA BLVD

City	State	Zip Code
CORAL GABLES	FL	33143-6541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.161599**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SUSAN B. PONCY**

Mailing Address 19140 WATERWAY RD

City	State	Zip Code
TEQUESTA	FL	33469-2417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168696**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. MORGAN R. PONCY**

Mailing Address 19140 WATERWAY RD

City	State	Zip Code
TEQUESTA	FL	33469-2417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168697**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

7400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2023 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SUSAN B. PONCY**

Mailing Address 19140 WATERWAY RD

City	State	Zip Code
TEQUESTA	FL	33469-2417

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168696B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. BERNARD WILLIAM PONY**

Mailing Address 1628 S 5TH ST  
APT 3B

City	State	Zip Code
CHESTERTON	IN	46304-3340

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
R.B.P./ INDIVIOR PLC

Occupation  
PHARMACY SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.163363**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BERNARD WILLIAM PONY**

Mailing Address 1628 S 5TH ST  
APT 3B

City	State	Zip Code
CHESTERTON	IN	46304-3340

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
R.B.P./ INDIVIOR PLC

Occupation  
PHARMACY SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.177861**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2024 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LAWRENCE POPE**

Mailing Address 3000 N SAM HOUSTON PKWY E

City	State	Zip Code
HOUSTON	TX	77032-3219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HALLIBURTON**

Occupation  
**EVP ADMINISTRATION & CHIEF OF HR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.164412**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEVEN G. POPPS**

Mailing Address 4507 STUART AVE

City	State	Zip Code
RICHMOND	VA	23221-1832

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MCGUIREWOODS LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.157629**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CHRISTINA PORTER**

Mailing Address 141 SKUNKS MISERY RD

City	State	Zip Code
LOCUST VALLEY	NY	11560-1307

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DANIEL GALE SOTHEBYS INT'L.**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160707**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2025 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DEBORAH K. PORTER**

Mailing Address PO BOX 40

City	State	Zip Code
SAN ANTONIO	FL	33576-0040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158572**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. GRANT PORTER**

Mailing Address 141 SKUNKS MISERY RD

City	State	Zip Code
LOCUST VALLEY	NY	11560-1307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
BARCLAY'S	BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160721**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES DON PORTER JR.**

Mailing Address 34038 TRIPLE CROWN CT

City	State	Zip Code
DADE CITY	FL	33525-8638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.158565**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2026 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. PORTER**

Mailing Address PO BOX 40

City

SAN ANTONIO

State

FL

Zip Code

33576-0040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158571**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MICHELLE PORTNOFF**

Mailing Address 1124 STONY LN

City

GLADWYNE

State

PA

Zip Code

19035-1137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.172990**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. R. SCOTT POST**

Mailing Address 733 BELLINGHAM LN

City

HARLEYSVILLE

State

PA

Zip Code

19438-3804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INDEPENDENCE BLUE CROSS

Occupation

VP OF PUBLIC POLICY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.170642**

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2027 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARGARET P. POTTER**

Mailing Address 2633 MIDDLEBORO LN NE

City	State	Zip Code
GRAND RAPIDS	MI	49506-1254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169405**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SHERRY L. POUNDS**

Mailing Address 6116 MERRYMOUNT RD

City	State	Zip Code
FORT WORTH	TX	76107-3593

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LUPOTTILA**

Occupation  
**HUMAN RESOURCES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.169438**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. BLOU BEARD POWELL**

Mailing Address 1701 LEISURE LN

City	State	Zip Code
LONGVIEW	TX	75605-3344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

585.00

**Transaction ID : SA17.166710**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1760.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2028 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. BLOU BEARD POWELL**

Mailing Address 1701 LEISURE LN

City  
LONGVIEW

State Zip Code  
TX 75605-3344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

585.00

**Transaction ID : SA17.174016**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. BLOU BEARD POWELL**

Mailing Address 1701 LEISURE LN

City  
LONGVIEW

State Zip Code  
TX 75605-3344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

585.00

**Transaction ID : SA17.181594**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MAGDALENA SOFIA POWELL**

Mailing Address 1900 SW 3RD AVE

City  
MIAMI

State Zip Code  
FL 33129-1419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174392**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1175.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2029 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH E. POYTHRESS**

Mailing Address 1250 SQUIRE LN

City	State	Zip Code
CUMMING	GA	30041-6744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163731**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH E. POYTHRESS**

Mailing Address 1250 SQUIRE LN

City	State	Zip Code
CUMMING	GA	30041-6744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172599**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH POZZUOLI**

Mailing Address 2613 DATURA CT

City	State	Zip Code
FORT LAUDERDALE	FL	33301-2723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174938**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

600.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2030 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSE PRADERE**

Mailing Address 16501 NW 82ND PL

City	State	Zip Code
HIALEAH	FL	33016-3490

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PRADERE MANUFACTURING CORP.**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

995.00

**Transaction ID : SA17.161754**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

995.00

☐ Memo Item

**IN-KIND: OFFICE FURNITURE**

**B. Full Name (Last, First, Middle Initial)**

**BEN PRATT**

Mailing Address 4045 HILLCREST CT

City	State	Zip Code
WAYZATA	MN	55391-3601

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE MOSAIC COMPANY**

Occupation  
**PUBLIC AFFAIRS EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172661**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GLEN PRATT**

Mailing Address PO BOX 3969

City	State	Zip Code
AMARILLO	TX	79116-3969

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FLY SANTA CRUZ, LLL**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165919**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1745.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2031 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. WENDY N. PRATT**

Mailing Address 65 ADAMS LN

City

NEW CANAAN

State

CT

Zip Code

06840-6002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158922**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. AMY FORD PRESTIDGE**

Mailing Address 4525 HIGHLAND DR

City

DALLAS

State

TX

Zip Code

75205-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DIAMOND A. FORD CORPORATION

Occupation

ADMINISTRATIVE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162096**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**COREY G. PRESTIDGE**

Mailing Address 4525 HIGHLAND DR

City

DALLAS

State

TX

Zip Code

75205-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HILLTOP HOLDINGS, INC.

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162095**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2032 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GUY S. PRESTON**

Mailing Address 50 N. LAURA STREET STE. 1725

City	State	Zip Code
JACKSONVILLE BEACH	FL	32250-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COLLIERS INTERNATIONAL

Occupation  
COMMERCIAL REAL ESTATE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.170638**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS L. PRICE**

Mailing Address 116 WALKERS RIDGE RD

City	State	Zip Code
PRESTO	PA	15142-1206

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COHUD ASSOCIATES

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166415**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEREMY PRICE**

Mailing Address 15 PRYSE BLVD

City	State	Zip Code
BEATTYVILLE	KY	41311-9195

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JORDAN DRUG, INC

Occupation  
PHARMACIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.159481**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2025.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2033 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEREMY PRICE**

Mailing Address 15 PRYSE BLVD

City	State	Zip Code
BEATTYVILLE	KY	41311-9195

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JORDAN DRUG, INC

Occupation  
PHARMACIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.168654**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEREMY PRICE**

Mailing Address 15 PRYSE BLVD

City	State	Zip Code
BEATTYVILLE	KY	41311-9195

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JORDAN DRUG, INC

Occupation  
PHARMACIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.176859**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RITA PRIDEMORE**

Mailing Address 181 ROLLING MEADOWS DR

City	State	Zip Code
SUMMERVILLE	SC	29485-6008

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VISTELAN LLC

Occupation  
HEALTHCARE PROVIDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.155309**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2034 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RITA PRIDEMORE**

Mailing Address 181 ROLLING MEADOWS DR

City	State	Zip Code
SUMMERVILLE	SC	29485-6008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VISTELAN LLC

Occupation  
HEALTHCARE PROVIDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.164082**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RITA PRIDEMORE**

Mailing Address 181 ROLLING MEADOWS DR

City	State	Zip Code
SUMMERVILLE	SC	29485-6008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VISTELAN LLC

Occupation  
HEALTHCARE PROVIDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.164085**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RITA PRIDEMORE**

Mailing Address 181 ROLLING MEADOWS DR

City	State	Zip Code
SUMMERVILLE	SC	29485-6008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VISTELAN LLC

Occupation  
HEALTHCARE PROVIDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.166722**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2035 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TODD PRIEST**

Mailing Address 432 MENDOZA TER

City	State	Zip Code
CORONA DEL MAR	CA	92625-2611

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CURT PRINGLE & ASSOCIATES**

Occupation  
**PUBLIC AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.160766**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM PRIEUR**

Mailing Address 1326 PHILIP ST

City	State	Zip Code
NEW ORLEANS	LA	70130-5719

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**IBERIA CAPITAL PARTNERS**

Occupation  
**EQUITY SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173350**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRITTANY PRIME**

Mailing Address 1820 SWANN ST NW  
APT 201

City	State	Zip Code
WASHINGTON	DC	20009-5506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WINFREY & COMPANY**

Occupation  
**FUNDRAISER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161913**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2036 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE E. PRINE III**

Mailing Address 4949 PENN AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55419-5260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DIG GARDEN DESIGN

Occupation

DESIGNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174434**

Date of Receipt

MM / DD / YYYY  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CLARE PRITCHETT**

Mailing Address 3824 TRAILS EDGE RD

City

FORT WORTH

State

TX

Zip Code

76109-3429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TRINITY VALLEY SCHOOL

Occupation

DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168110**

Date of Receipt

MM / DD / YYYY  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. H. PALMER PROCTOR JR.**

Mailing Address 900 CLUB STATION DR NE

City

ATLANTA

State

GA

Zip Code

30319-1155

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FIDELITY BANK

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173549**

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2037 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN PROCTOR**

Mailing Address 306 W 7TH ST

City

FORT WORTH

State

TX

Zip Code

76102-4900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.159931**

Date of Receipt

MM / DD / YYYY  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN PROCTOR**

Mailing Address 306 W 7TH ST

City

FORT WORTH

State

TX

Zip Code

76102-4900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165920**

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LOUIS PROFUMO**

Mailing Address 3283 STRATFIELD DR NE

City

BROOKHAVEN

State

GA

Zip Code

30319-2526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CHURCH'S CHICKEN

Occupation

CHIEF FINANCIAL OFFICER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.164510**

Date of Receipt

MM / DD / YYYY  
10 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2038 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CAREN H. PROTHRO**

Mailing Address 3929 POTOMAC AVE

City	State	Zip Code
DALLAS	TX	75205-2116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMU

Occupation  
CIVIC AND PHILANTHROPIC LEADER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.164371**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CAREN H. PROTHRO**

Mailing Address 3929 POTOMAC AVE

City	State	Zip Code
DALLAS	TX	75205-2116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMU

Occupation  
CIVIC AND PHILANTHROPIC LEADER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.164371B**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MRS. CAREN H. PROTHRO**

Mailing Address 3929 POTOMAC AVE

City	State	Zip Code
DALLAS	TX	75205-2116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMU

Occupation  
CIVIC AND PHILANTHROPIC LEADER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.168229**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2039 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JUAN MIGUEL PROTUONDO JR.**

Mailing Address **789 CRANDON BLVD**  
**APT 604**

City State Zip Code  
**KEY BISCAYNE FL 33149-2537**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.179015**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ANDREA PROVENZANO**

Mailing Address **3400 E LAFAYETTE ST**

City State Zip Code  
**DETROIT MI 48207-4962**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**SOAVE ENTERPRISES**

**COUNSEL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161515**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANGELO PROVENZA**

Mailing Address **20860 SAXON CT**

City State Zip Code  
**BROOKFIELD WI 53045-1734**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**MORGAN STANLEY**

**BRANCH MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.179041**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2040 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEVEN PRUETT**

Mailing Address 1 LAZYWOOD LN.

City	State	Zip Code
MIDLAND	TX	79705-2701

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ELEVATION RESOURCES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169508**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SHARON PRYSE**

Mailing Address 3024 KINGSTON PIKE

City	State	Zip Code
KNOXVILLE	TN	37919-4625

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE TRUST CO**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155290**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH PRYSE**

Mailing Address 3024 KINGSTON PIKE

City	State	Zip Code
KNOXVILLE	TN	37919-4625

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158999**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2041 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHARON PRYSE**

Mailing Address 3024 KINGSTON PIKE

City	State	Zip Code
KNOXVILLE	TN	37919-4625

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE TRUST CO**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155290B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
**REATTRIBUTION TO SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**MR. HASTINGS PUCKETT**

Mailing Address 109 OAKHURST TRL

City	State	Zip Code
RIDGELAND	MS	39157-8655

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PUCKETT MACHINERY**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172322**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD H. PUCKETT**

Mailing Address PO BOX 321033

City	State	Zip Code
FLOWOOD	MS	39232-1033

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PUCKETT MACHINERY**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172321**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2042 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT E. PUGH**

Mailing Address 704 IVANHOE DR

City  
FLORENCE

State Zip Code  
SC 29505-3612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.174752**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JANINE PULMAN**

Mailing Address 17215 GRAYSTONE DR

City  
DALLAS

State Zip Code  
TX 75248-1613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEWISH FAMILY SERVICES

Occupation  
VOLUNTEER COORDINATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169509**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ASHLEY PURCELL**

Mailing Address 1248 ZIMMER DR NE

City  
ATLANTA

State Zip Code  
GA 30306-2273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HALL, BOOTH, SMITH, PC

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.177745**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2043 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ASHLEY PURCELL**

Mailing Address 1248 ZIMMER DR NE

City

ATLANTA

State

GA

Zip Code

30306-2273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HALL, BOOTH, SMITH, PC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.181088A**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SALVATORE A. PURPURA**

Mailing Address 2475 BRICKELL AVE

City

MIAMI

State

FL

Zip Code

33129-2478

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1008.55

**Transaction ID : SA17.168968**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SALVATORE A. PURPURA**

Mailing Address 2475 BRICKELL AVE

City

MIAMI

State

FL

Zip Code

33129-2478

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1008.55

**Transaction ID : SA17.180920**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2044 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANTHONY PUSATERI**

Mailing Address 90 LEBRUN AVE

City

AMITYVILLE

State

NY

Zip Code

11701-4222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARCLAYS CAPITAL, INC.

Occupation

FINANCIAL SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1275.00

**Transaction ID : SA17.159379**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PETER PUSTER**

Mailing Address 593 ATLANTIC HILL DR

City

EAGAN

State

MN

Zip Code

55123-2056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THE TRAVELERS COMPANIES

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168615**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRIAN PUTZKE**

Mailing Address 5295 TRUMAN PACETTI RD

City

SAINT AUGUSTINE

State

FL

Zip Code

32092-0411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MOMENTUM TRANSPORTATION USA,  
INC.

Occupation

PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.139166**

Date of Receipt

**08 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2045 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRIAN PUTZKE**

Mailing Address 5295 TRUMAN PACETTI RD

City	State	Zip Code
SAINT AUGUSTINE	FL	32092-0411

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MOMENTUM TRANSPORTATION USA, INC.**

Occupation  
**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.A139166**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. KAREN PUTZKE**

Mailing Address 5295 TRUMAN PACETTI RD

City	State	Zip Code
SAINT AUGUSTINE	FL	32092-0411

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MOMENTUM TRANSPORTATION USA**

Occupation  
**ADMIN/SPECIAL EVENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.B155022**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item  
REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH H. PYNE**

Mailing Address 3345 DEL MONTE DR

City	State	Zip Code
HOUSTON	TX	77019-3103

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KIZBY CORPORATION**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164416**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2046 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**XIAOCHUN QIAN**

Mailing Address **578 DUBLIN WAY**

City <b>SUNNYVALE</b>	State <b>CA</b>	Zip Code <b>94087-3323</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SKYWOOD INVESTMENT**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.180439**

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. VALERIA QUESADA DE OLIVERA**

Mailing Address **52 BRIARCLIFF LN**

City <b>PINE PLAINS</b>	State <b>NY</b>	Zip Code <b>12567-5426</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173104**

Date of Receipt

M M / D D / Y Y Y Y
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. DIANE QUINLAN**

Mailing Address **18 SUNSET HILL DR**

City <b>STATEN ISLAND</b>	State <b>NY</b>	Zip Code <b>10301-3337</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160699**

Date of Receipt

M M / D D / Y Y Y Y
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2047 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS J. QUINLAN III**

Mailing Address 18 SUNSET HILL DR

City

STATEN ISLAND

State

NY

Zip Code

10301-3337

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

R.R. DONNELLY

Occupation

PRESIDENT & C.E.O.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160722**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWARD J. QUINN**

Mailing Address 1207 HILLSBORO MILE

City

HILLSBORO BEACH

State

FL

Zip Code

33062-1412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TW PEARY

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171162**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN B. QUINN**

Mailing Address 865 S FIGUEROA ST  
FL 10

City

LOS ANGELES

State

CA

Zip Code

90017-5003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

QUINN EMANUEL

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.162922**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2048 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS QUINN**

Mailing Address **2351 TERRAZA RIBERA**

City

**CARLSBAD**

State

**CA**

Zip Code

**92009-6631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CLEVERMADE**

Occupation

**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.170932**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY QUINTERO**

Mailing Address **6421 MONTICELLO DR**

City

**LINCOLN**

State

**NE**

Zip Code

**68510-4145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.160370**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY QUINTERO**

Mailing Address **6421 MONTICELLO DR**

City

**LINCOLN**

State

**NE**

Zip Code

**68510-4145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.170004**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1075.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2049 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAFAEL L. QUINTANA**

Mailing Address **6431 SW 55TH ST**

City	State	Zip Code
MIAMI	FL	33155-6455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159318**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MONICA QUIRCH**

Mailing Address **4685 SW 74TH ST**

City	State	Zip Code
CORAL GABLES	FL	33143-6271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170047**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOR G. RAARUP**

Mailing Address **1240 DEERWOOD DR**

City	State	Zip Code
EAGAN	MN	55123-1424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRAVELERS**

Occupation  
**INVESTMENT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174071**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2050 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID RACHELSON**

Mailing Address 433 WIMBLEDON RD NE

City	State	Zip Code
ATLANTA	GA	30324-4824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PWC

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.158438**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID RACHELSON**

Mailing Address 433 WIMBLEDON RD NE

City	State	Zip Code
ATLANTA	GA	30324-4824

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PWC

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.170158**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SAUL RACHELSON**

Mailing Address 1009 ROYAL PASS ROAD

City	State	Zip Code
TAMPA	FL	33602-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.160826**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2051 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SAUL RACHELSON**

Mailing Address 1009 ROYAL PASS ROAD

City	State	Zip Code
TAMPA	FL	33602-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.167396**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SAUL RACHELSON**

Mailing Address 1009 ROYAL PASS ROAD

City	State	Zip Code
TAMPA	FL	33602-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.169572**

Date of Receipt

MM / DD / YYYY  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SAUL RACHELSON**

Mailing Address 1009 ROYAL PASS ROAD

City	State	Zip Code
TAMPA	FL	33602-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.172518**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2052 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SAUL RACHELSON**

Mailing Address 1009 ROYAL PASS ROAD

City	State	Zip Code
TAMPA	FL	33602-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.177610**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. Q. B. RADCLIFF**

Mailing Address 109 WOODRUFF CT

City	State	Zip Code
MOBILE	AL	36608-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.172400**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANN RADERER**

Mailing Address 1801 GRANTHAM CT

City	State	Zip Code
LOUISVILLE	KY	40222-6410

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.159341**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2053 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANN RADERER**

Mailing Address 1801 GRANTHAM CT

City	State	Zip Code
LOUISVILLE	KY	40222-6410

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.168366**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANN RADERER**

Mailing Address 1801 GRANTHAM CT

City	State	Zip Code
LOUISVILLE	KY	40222-6410

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.176110**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ED RADER**

Mailing Address 4301 LANIER RIDGE WALK

City	State	Zip Code
CUMMING	GA	30041-7471

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VERITY PARTNERS LLC

Occupation  
SR. PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157418**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2054 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CARL RAETHER**

Mailing Address 1781 CHAIN BRIDGE RD

City	State	Zip Code
MCLEAN	VA	22102-2950

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177374**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARY MATTHEWS RAETHER**

Mailing Address 1781 CHAIN BRIDGE RD  
APT 304

City	State	Zip Code
MCLEAN	VA	22102-2952

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.162042**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY MATTHEWS RAETHER**

Mailing Address 1781 CHAIN BRIDGE RD  
APT 304

City	State	Zip Code
MCLEAN	VA	22102-2952

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.162042B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2055 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY MATTHEWS RAETHER**

Mailing Address 1781 CHAIN BRIDGE RD  
APT 304

City State Zip Code  
MCLEAN VA 22102-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.179769**

Date of Receipt

M M / D D / Y Y Y Y  
12 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARY MATTHEWS RAETHER**

Mailing Address 1781 CHAIN BRIDGE RD  
APT 304

City State Zip Code  
MCLEAN VA 22102-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.178261**

Date of Receipt

M M / D D / Y Y Y Y  
12 23 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**ADAM RAEZLER**

Mailing Address 1847 BOWERS ST

City State Zip Code  
BIRMINGHAM MI 48009-6813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORLANS GROUP

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

**Transaction ID : SA17.166470**

Date of Receipt

M M / D D / Y Y Y Y  
11 09 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2056 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ADAM RAEZLER**

Mailing Address **1847 BOWERS ST**

City <b>BIRMINGHAM</b>	State <b>MI</b>	Zip Code <b>48009-6813</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ORLANS GROUP**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**335.00**

**Transaction ID : SA17.168077**

Date of Receipt

M M / D D / Y Y Y Y
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PETER A. RAFAELI**

Mailing Address **1515 THE FAIRWAY**  
**# 498P**

City <b>RYDAL</b>	State <b>PA</b>	Zip Code <b>19046-1435</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.172006**

Date of Receipt

M M / D D / Y Y Y Y
11 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**75.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOE RAINEY**

Mailing Address **2916 US HIGHWAY 271 S**

City <b>GILMER</b>	State <b>TX</b>	Zip Code <b>75645-7772</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HALLIBURTON**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.164408**

Date of Receipt

M M / D D / Y Y Y Y
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**800.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2057 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MANUEL RAJUNOV**

Mailing Address 1250 WILDFIRE LN

City	State	Zip Code
FRISCO	TX	75033-1554

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DLA PIPER LLP (US)

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163121**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LAUREN RAKOLTA**

Mailing Address 575 VINEWOOD AVE

City	State	Zip Code
BIRMINGHAM	MI	48009-3845

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DFM

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163337**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TERRY LYNN RAKOLTA**

Mailing Address 1876 RATHMOR RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-2147

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173442A**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

CHARGED BACK \$2,700.00 ON 12/03/2015

**Subtotal Of Receipts This Page (optional)**.....

9100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2058 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TERRY LYNN RAKOLTA**

Mailing Address 1876 RATHMOR RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-2147

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173442B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☐ Memo Item  
**CHARGED BACK**

**B. Full Name (Last, First, Middle Initial)**

**MS. GWENDOLYN RALPH**

Mailing Address 1721 WEBSTER ST  
# 202

City	State	Zip Code
ALAMEDA	CA	94501-2135

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174065**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FOYT RALSTON**

Mailing Address 2716 MILLSTONE PLANTATION RD

City	State	Zip Code
TALLAHASSEE	FL	32312-3880

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BRYANT MILLER OLIVE

Occupation  
DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

535.00

**Transaction ID : SA17.165079**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

-2450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2059 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FOYT RALSTON**

Mailing Address 2716 MILLSTONE PLANTATION RD

City	State	Zip Code
TALLAHASSEE	FL	32312-3880

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRYANT MILLER OLIVE**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

535.00

**Transaction ID : SA17.172514**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FOYT RALSTON**

Mailing Address 2716 MILLSTONE PLANTATION RD

City	State	Zip Code
TALLAHASSEE	FL	32312-3880

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRYANT MILLER OLIVE**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

535.00

**Transaction ID : SA17.177498**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID E. RAMBA**

Mailing Address 4670 GROVE PARK DR

City	State	Zip Code
TALLAHASSEE	FL	32311-3748

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RAMBA LAW GROUP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174351**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2060 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. VIVIAN RAMBERG**

Mailing Address 27 HEDDEN PL

City

NEW PROVIDENCE

State

NJ

Zip Code

07974-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEART TO HEART

Occupation

NURSE ADMINISTRATOR DON CONSULTAN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.165187**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. DAVID S. RAMIN**

Mailing Address 1622 TOWER GROVE DR

City

BEVERLY HILLS

State

CA

Zip Code

90210-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DOCTOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177424**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DIEGO RAMIREZ**

Mailing Address 681 E LA VISTA AVE

City

DINUBA

State

CA

Zip Code

93618-2752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

360.00

**Transaction ID : SA17.168246**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2745.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2061 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DIEGO RAMIREZ**

Mailing Address **681 E LA VISTA AVE**

City

**DINUBA**

State

**CA**

Zip Code

**93618-2752**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**360.00**

**Transaction ID : SA17.168250**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DIEGO RAMIREZ**

Mailing Address **681 E LA VISTA AVE**

City

**DINUBA**

State

**CA**

Zip Code

**93618-2752**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**360.00**

**Transaction ID : SA17.170937**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DIEGO RAMIREZ**

Mailing Address **681 E LA VISTA AVE**

City

**DINUBA**

State

**CA**

Zip Code

**93618-2752**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**360.00**

**Transaction ID : SA17.171917**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**55.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2062 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DIEGO RAMIREZ**

Mailing Address **681 E LA VISTA AVE**

City

**DINUBA**

State

**CA**

Zip Code

**93618-2752**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**360.00**

**Transaction ID : SA17.174238**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DIEGO RAMIREZ**

Mailing Address **681 E LA VISTA AVE**

City

**DINUBA**

State

**CA**

Zip Code

**93618-2752**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**360.00**

**Transaction ID : SA17.175483**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DIEGO RAMIREZ**

Mailing Address **681 E LA VISTA AVE**

City

**DINUBA**

State

**CA**

Zip Code

**93618-2752**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**360.00**

**Transaction ID : SA17.175487**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**55.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2063 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DIEGO RAMIREZ**

Mailing Address **681 E LA VISTA AVE**

City <b>DINUBA</b>	State <b>CA</b>	Zip Code <b>93618-2752</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**360.00**

**Transaction ID : SA17.178588**

Date of Receipt

**12 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DIEGO RAMIREZ**

Mailing Address **681 E LA VISTA AVE**

City <b>DINUBA</b>	State <b>CA</b>	Zip Code <b>93618-2752</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**360.00**

**Transaction ID : SA17.179269**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALFREDO RAMOS**

Mailing Address **2724 KIPLING ST**  
**APT 833**

City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77098-1775</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**GARDERE, WYNNE, SEWELL LLP**

**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163125**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2064 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SUSIE RAMOS**

Mailing Address 202 OLDE OAK DR

City

GEORGETOWN

State

TX

Zip Code

78633-9361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.158171**

Date of Receipt

**10 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SUSIE RAMOS**

Mailing Address 202 OLDE OAK DR

City

GEORGETOWN

State

TX

Zip Code

78633-9361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.162827**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ELLEN RAMSEY**

Mailing Address 2113 IRONWOOD DR

City

MIDLAND

State

TX

Zip Code

79707-5077

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RAMSEY PETROLEUM, LP

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169510**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2065 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**OLGA RAMUDO**

Mailing Address 625 ALHAMBRA CIR

City	State	Zip Code
CORAL GABLES	FL	33134-3704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EXPRESS TRAVEL**

Occupation  
**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

**Transaction ID : SA17.169850**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**OLGA RAMUDO**

Mailing Address 625 ALHAMBRA CIR

City	State	Zip Code
CORAL GABLES	FL	33134-3704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EXPRESS TRAVEL**

Occupation  
**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

**Transaction ID : SA17.176776**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**OLGA RAMUDO**

Mailing Address 625 ALHAMBRA CIR

City	State	Zip Code
CORAL GABLES	FL	33134-3704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EXPRESS TRAVEL**

Occupation  
**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

**Transaction ID : SA17.177715**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2066 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARIAN RANDALL**

Mailing Address 1603 S DUNSMUIR AVE

City	State	Zip Code
LOS ANGELES	CA	90019-5225

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.157091**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARIAN RANDALL**

Mailing Address 1603 S DUNSMUIR AVE

City	State	Zip Code
LOS ANGELES	CA	90019-5225

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163456**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARIAN RANDALL**

Mailing Address 1603 S DUNSMUIR AVE

City	State	Zip Code
LOS ANGELES	CA	90019-5225

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.166191**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

45.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2067 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARIAN RANDALL**

Mailing Address 1603 S DUNSMUIR AVE

City	State	Zip Code
LOS ANGELES	CA	90019-5225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.168760**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARIAN RANDALL**

Mailing Address 1603 S DUNSMUIR AVE

City	State	Zip Code
LOS ANGELES	CA	90019-5225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170254**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARIAN RANDALL**

Mailing Address 1603 S DUNSMUIR AVE

City	State	Zip Code
LOS ANGELES	CA	90019-5225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175045**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

20.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2068 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARIAN RANDALL**

Mailing Address 1603 S DUNSMUIR AVE

City	State	Zip Code
LOS ANGELES	CA	90019-5225

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175131**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARIAN RANDALL**

Mailing Address 1603 S DUNSMUIR AVE

City	State	Zip Code
LOS ANGELES	CA	90019-5225

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178106**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-25.00

☐ Memo Item

**CHARGED BACK**

**C. Full Name (Last, First, Middle Initial)**

**MARIAN RANDALL**

Mailing Address 1603 S DUNSMUIR AVE

City	State	Zip Code
LOS ANGELES	CA	90019-5225

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178806**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2069 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ASHTON RANDLE**

Mailing Address 424 W 46TH ST  
1D

City State Zip Code  
NEW YORK NY 10036-3540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MANHATTAN INSTITUTE

Occupation  
GOVERNMENT AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.158007**

Date of Receipt

M M / D D / Y Y Y Y  
10 08 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ASHTON RANDLE**

Mailing Address 424 W 46TH ST  
1D

City State Zip Code  
NEW YORK NY 10036-3540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MANHATTAN INSTITUTE

Occupation  
GOVERNMENT AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.158971**

Date of Receipt

M M / D D / Y Y Y Y  
10 13 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JILL C. RANDLE**

Mailing Address 2100 HIGHLAND DR

City State Zip Code  
NEWPORT BEACH CA 92660-4408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162066**

Date of Receipt

M M / D D / Y Y Y Y  
10 23 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2070 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM A. RANLETT**

Mailing Address 204 CHARLIE LACKEY RD

City

HIDDENITE

State

NC

Zip Code

28636-8233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163906**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM A. RANLETT**

Mailing Address 204 CHARLIE LACKEY RD

City

HIDDENITE

State

NC

Zip Code

28636-8233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167466**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM A. RANLETT**

Mailing Address 204 CHARLIE LACKEY RD

City

HIDDENITE

State

NC

Zip Code

28636-8233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171570**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2071 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM A. RANDETT**

Mailing Address 204 CHARLIE LACKEY RD

City	State	Zip Code
HIDDENITE	NC	28636-8233

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173944**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM A. RANDETT**

Mailing Address 204 CHARLIE LACKEY RD

City	State	Zip Code
HIDDENITE	NC	28636-8233

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175447**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM A. RANDETT**

Mailing Address 204 CHARLIE LACKEY RD

City	State	Zip Code
HIDDENITE	NC	28636-8233

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176361**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2072 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM A. RANDETT**

Mailing Address 204 CHARLIE LACKEY RD

City	State	Zip Code
HIDDENITE	NC	28636-8233

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178699**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARAH RANDT**

Mailing Address 677 BRIDGEWAY LN

City	State	Zip Code
NAPLES	FL	34108-2743

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.157728**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARAH RANDT**

Mailing Address 677 BRIDGEWAY LN

City	State	Zip Code
NAPLES	FL	34108-2743

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.163722**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

76.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2073 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SARAH RANDT**

Mailing Address **677 BRIDGEWAY LN**

City  
**NAPLES**

State  
**FL**

Zip Code  
**34108-2743**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**251.00**

**Transaction ID : SA17.165525**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARAH RANDT**

Mailing Address **677 BRIDGEWAY LN**

City  
**NAPLES**

State  
**FL**

Zip Code  
**34108-2743**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**251.00**

**Transaction ID : SA17.176754**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARAH RANDT**

Mailing Address **677 BRIDGEWAY LN**

City  
**NAPLES**

State  
**FL**

Zip Code  
**34108-2743**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**251.00**

**Transaction ID : SA17.179170**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2074 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ANDREW RANKOWITZ**

Mailing Address 67 LONG LOTS RD

City	State	Zip Code
WESTPORT	CT	06880-3918

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169555**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TANNIRU R. RAO**

Mailing Address 14950 DEL PRADO CT

City	State	Zip Code
ELM GROVE	WI	53122-1513

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MARKET PROBE INC.

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.177444**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ARIAH RASTEGAR**

Mailing Address 300 N AKARD ST  
APT 1216

City	State	Zip Code
DALLAS	TX	75201-3456

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RASTEGAR CAPITAL

Occupation  
INVESTMENT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174522**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2075 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KELLIE RASTEGAR**

Mailing Address 300 N AKARD ST  
APT 1216

City State Zip Code  
DALLAS TX 75201-3456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RASTEGAR CAPITAL

Occupation  
SENIOR ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174523**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIMOTHY RATCLIFF**

Mailing Address 6438 BORDEAUX AVE

City State Zip Code  
DALLAS TX 75209-5704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FEDEX

Occupation  
DOCK

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155268**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WAYNE RATKOVICH**

Mailing Address 700 S FLOWER ST  
STE 2600

City State Zip Code  
LOS ANGELES CA 90017-4213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE RATKOVICH COMPANY

Occupation  
REAL ESTATE DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174802**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2076 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANNETTE T. RATLIFF**

Mailing Address 7519 SPICEWOOD DR

City	State	Zip Code
GARLAND	TX	75044-2572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOCIA

Occupation  
EXECUTIVE ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181138**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DENNIS F. RATNER**

Mailing Address 1577 SPRING HILL RD  
STE 500

City	State	Zip Code
VIENNA	VA	22182-2284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RATNER COMPANIES

Occupation  
CEO & FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165786**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN L. RATNER**

Mailing Address 170 W END AVE

City	State	Zip Code
NEW YORK	NY	10023-5401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PROSKAUER ROSE LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161196**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2077 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LISA RAWLINS**

Mailing Address 2302 ATAPHA NENE

City	State	Zip Code
TALLAHASSEE	FL	32301-5858

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PROVIDENCE HEALTH AND SERVICES**

Occupation  
**ASSOCIATE VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1475.00

**Transaction ID : SA17.163265**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARA LOVE RAWLINGS**

Mailing Address 113 13TH ST SE

City	State	Zip Code
WASHINGTON	DC	20003-1409

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BAKER DONELSON BEARMAN CALDWELL**

Occupation  
**SENIOR ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163258**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARA LOVE RAWLINGS**

Mailing Address 113 13TH ST SE

City	State	Zip Code
WASHINGTON	DC	20003-1409

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BAKER DONELSON BEARMAN CALDWELL**

Occupation  
**SENIOR ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170959**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2078 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WAYNE E. RAWLINS**

Mailing Address 11490 SW 21ST ST

City	State	Zip Code
MIRAMAR	FL	33025-6622

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**STRATEGIC PLANNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.158289**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BOBBY RAY**

Mailing Address 5945 BURGANDY ST

City	State	Zip Code
PLANO	TX	75093-1305

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUILDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169511**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRADLEY RAY**

Mailing Address 13365 BELFIELD DR.

City	State	Zip Code
FARMERS BRANCH	TX	75234-5103

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTHWEST AIRLINES**

Occupation  
**SENIOR ANALYSIS FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169512**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2079 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTOPHER RAY**

Mailing Address 2530 WHITE HORSE RD

City	State	Zip Code
BERWYN	PA	19312-2134

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRAVO GROUP**

Occupation  
**PUBLIC RELATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168628**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KAREN RAY**

Mailing Address 5929 NEWGATE LN

City	State	Zip Code
PLANO	TX	75093-4343

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169513**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. PHYLLIS G. RAY**

Mailing Address 5945 BURGANDY ST

City	State	Zip Code
PLANO	TX	75093-1305

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169514**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2080 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD B. RAY**

Mailing Address 8614 CADET DR

City  
KNOXVILLE

State Zip Code  
TN 37922-8081

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
21ST MORTGAGE CORPORATION

Occupation  
CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158537**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT RAY**

Mailing Address 22 FISHER PL

City  
RED BANK

State Zip Code  
NJ 07701-2317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FOX ROTHSCHILD LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

710.00

**Transaction ID : SA17.157337**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT RAY**

Mailing Address 22 FISHER PL

City  
RED BANK

State Zip Code  
NJ 07701-2317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FOX ROTHSCHILD LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

710.00

**Transaction ID : SA17.172690**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2760.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2081 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT RAY**

Mailing Address **22 FISHER PL**

City <b>RED BANK</b>	State <b>NJ</b>	Zip Code <b>07701-2317</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FOX ROTHSCHILD LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**710.00**

**Transaction ID : SA17.180036**

Date of Receipt

M M / D D / Y Y Y Y
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ERIC RAYKINSTEIN**

Mailing Address **4163 BARN MEADOW LN**

City <b>WEST BLOOMFIELD</b>	State <b>MI</b>	Zip Code <b>48323-1848</b>
--------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161781**

Date of Receipt

M M / D D / Y Y Y Y
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. FRANCES REAGAN COPINGA**

Mailing Address **1775 N WARM SPRINGS RD**

City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84116-2353</b>
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**REAGAN OUTDOOR ADV**

Occupation  
**EXECUTIVE SALES MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**0.00**

**Transaction ID : SA17.168004**

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-1533.33**

☐ Memo Item

**CHARGED BACK**

**Subtotal Of Receipts This Page (optional)**.....

**-483.33**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2082 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. AARON A. REAVIS**

Mailing Address **7236 N TERRITORIAL RD**

City	State	Zip Code
DEXTER	MI	48130-9624

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.173463**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TODD REBOL**

Mailing Address **124 CATAMARACA CT**

City	State	Zip Code
PUNTA GORDA	FL	33983-4259

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BANKS ENGINEERING**

Occupation  
**CIVIL ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.169199**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**800.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANA MARIA REBULL**

Mailing Address **8982 SW 8TH TER**

City	State	Zip Code
MIAMI	FL	33174-3242

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158241**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2083 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**JENNIFER RECINE RICHMAN**

Mailing Address **249 W 121ST ST**

City	State	Zip Code
<b>NEW YORK</b>	<b>NY</b>	<b>10027-6495</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KASOWITZ BENSON**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159848**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICARDO B. RECIO**

Mailing Address **6950 GRANADA BLVD**

City	State	Zip Code
<b>CORAL GABLES</b>	<b>FL</b>	<b>33146-3826</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.159227**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. ANNE FLOWER REDD**

Mailing Address **1427 4TH ST**

City	State	Zip Code
<b>NEW ORLEANS</b>	<b>LA</b>	<b>70130-5739</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**POLITICAL CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174776**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**4200.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2084 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VENKAT REDDY**

Mailing Address **22515 TRILLIUM DR**

City	State	Zip Code
NOVI	MI	48375-4685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HARTMAN INTERNATIONAL**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161768**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VICTORIA REDER**

Mailing Address **19 SANTA MARIA**

City	State	Zip Code
CORRALES	NM	87048-6003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.176391**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANN H. REED**

Mailing Address **4477 FAIRWAY OAKS DR**

City	State	Zip Code
MULBERRY	FL	33860-8598

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.164470**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1600.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2085 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ANN H. REED**

Mailing Address **4477 FAIRWAY OAKS DR**

City <b>MULBERRY</b>	State <b>FL</b>	Zip Code <b>33860-8598</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.171931**

Date of Receipt

M M / D D / Y Y Y Y
11 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ANN H. REED**

Mailing Address **4477 FAIRWAY OAKS DR**

City <b>MULBERRY</b>	State <b>FL</b>	Zip Code <b>33860-8598</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.179159**

Date of Receipt

M M / D D / Y Y Y Y
12 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROL A. REED**

Mailing Address **1339 SUNSET DR**

City <b>WHEATLAND</b>	State <b>WY</b>	Zip Code <b>82201-3421</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.167343**

Date of Receipt

M M / D D / Y Y Y Y
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2086 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN REED**

Mailing Address 11 CARDING MILL RD

City	State	Zip Code
SUDBURY	MA	01776-3218

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CONCENTRIC ENERGY ADVISORS**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.180701**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. E. GRANT REES**

Mailing Address 1270 N 700 E

City	State	Zip Code
LOGAN	UT	84341-2572

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157534**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. E. GRANT REES**

Mailing Address 1270 N 700 E

City	State	Zip Code
LOGAN	UT	84341-2572

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161741**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2087 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)  
MR. MATTHEW RUSSEL REES**

Mailing Address 6245 PARK RD

City	State	Zip Code
MCLEAN	VA	22101-4813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WHITE HOUSE WRITERS GROUPOccupation  
WRITER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.164387**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)  
CONNIE REESE**

Mailing Address 1203 NORTH COMMUNITY DR.

City	State	Zip Code
JUPITER	FL	33458-8394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICUS VEINCAREOccupation  
ADMINISTRATIVE ASSISTANT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.156523**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)  
CONNIE REESE**

Mailing Address 1203 NORTH COMMUNITY DR.

City	State	Zip Code
JUPITER	FL	33458-8394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICUS VEINCAREOccupation  
ADMINISTRATIVE ASSISTANT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.163605**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

535.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2088 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CONNIE REESE**

Mailing Address 1203 NORTH COMMUNITY DR.

City	State	Zip Code
JUPITER	FL	33458-8394

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MEDICUS VEINCARE**

Occupation  
**ADMINISTRATIVE ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.168839**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CONNIE REESE**

Mailing Address 1203 NORTH COMMUNITY DR.

City	State	Zip Code
JUPITER	FL	33458-8394

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MEDICUS VEINCARE**

Occupation  
**ADMINISTRATIVE ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.172582**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CONNIE REESE**

Mailing Address 1203 NORTH COMMUNITY DR.

City	State	Zip Code
JUPITER	FL	33458-8394

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MEDICUS VEINCARE**

Occupation  
**ADMINISTRATIVE ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.180038**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

20.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2089 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WALTER H. REESE**

Mailing Address 7772 LAKESIDE DR

City	State	Zip Code
MILTON	FL	32583-7910

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.172333**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WALTER H. REESE**

Mailing Address 7772 LAKESIDE DR

City	State	Zip Code
MILTON	FL	32583-7910

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.176158**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH REEVES**

Mailing Address 12167 TURTLE BEACH RD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-2940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175418**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2825.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2090 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SAM REEVES**

Mailing Address 12167 TURTLE BEACH RD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-2940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PINNACLE TRADING LLC

Occupation  
TRADER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175417**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JARRED REGO**

Mailing Address 2429 N WAHSATCH AVE

City	State	Zip Code
COLORADO SPRINGS	CO	80907-6942

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
U.S. HOUSE

Occupation  
DISTRICT DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

**Transaction ID : SA17.159059**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JARRED REGO**

Mailing Address 2429 N WAHSATCH AVE

City	State	Zip Code
COLORADO SPRINGS	CO	80907-6942

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
U.S. HOUSE

Occupation  
DISTRICT DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

**Transaction ID : SA17.176705**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2955.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2091 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DENNY REHBERG**

Mailing Address 4401 US HIGHWAY 3

City	State	Zip Code
BILLINGS	MT	59106-9603

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**REHBERG RANCHING**

Occupation  
**RANCHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161267**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KELLY REICHELDERFER**

Mailing Address 510 E 6TH AVE

City	State	Zip Code
TALLAHASSEE	FL	32303-6304

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TAL SEARCH GROUP**

Occupation  
**ACCOUNT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1035.00

**Transaction ID : SA17.158050**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RYAN M. REID**

Mailing Address 365 GLENMOOR PL

City	State	Zip Code
WINDER	GA	30680-8345

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WEISSMAN, WOWAH, CURRY & WILCO**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

**Transaction ID : SA17.160037**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2092 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FRANCIS J. REIDY**

Mailing Address 515 WILDER RD

City	State	Zip Code
VIRGINIA BEACH	VA	23451-2346

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PGE

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

**Transaction ID : SA17.163023**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2400.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GENE REILLY**

Mailing Address 79 BUSH AVENUE

City	State	Zip Code
GREENWICH	CT	06830-7005

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ARXIS CAPITAL

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169188**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ROBERTA M. REIMAN**

Mailing Address 5350 S. 40TH ST

City	State	Zip Code
GREENDALE	WI	53129-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161343**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7800.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2093 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROY REIMAN**

Mailing Address 5350 S. 40TH ST

City	State	Zip Code
GREENDALE	WI	53129-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161344**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT REIMAN**

Mailing Address 1550 MARKET ST

City	State	Zip Code
DENVER	CO	80202-2054

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HEXAGON, INC.

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.155481**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID M. J. REIN**

Mailing Address 1 COVE LN

City	State	Zip Code
KINGS POINT	NY	11024-1722

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SULLIVAN & CROMWELL LLP

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158001**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2094 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WERNER REINARTZ**

Mailing Address 5509 DAISY LN

City

COOPERSBURG

State

PA

Zip Code

18036-9548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

R&R ELECTRONICS

Occupation

SALES & MARKETING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171055**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRUCE REINHART**

Mailing Address 188 THORNTON DR

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-8088

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MC DONALD HOPKINS LLC

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172088**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. IRENE D. REINHEIMER**

Mailing Address 2104 ROMEO POINT LN

City

FLEMING ISLAND

State

FL

Zip Code

32003-6004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNIVERSITY OF FLORIDA

Occupation

PROTON THERAPY INSTITUTE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158275**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2095 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN H. REINHEIMER JR.**

Mailing Address 3170 MONUMENT BAY RD

City	State	Zip Code
ST AUGUSTINE	FL	32092-0595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOLD CITY**

Occupation  
**VP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180039**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN H. REINHEIMER SR.**

Mailing Address 2104 ROMEO POINT LN

City	State	Zip Code
FLEMING ISLAND	FL	32003-6004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BOLD CITY OUTDOORS**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158271**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. PRISCILLA EAVES REISS**

Mailing Address 5 AUDUBON PL

City	State	Zip Code
NEW ORLEANS	LA	70118-5525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174778**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2096 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS REMIEN**

Mailing Address **100 RIVERSIDE DR**  
**FL 20**

City **NEW YORK** State **NY** Zip Code **10024-4822**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHEAST ACQUISITIONS LLC**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158462**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD RENEBERG**

Mailing Address **280 PARK AVE**  
**FL 5**

City **NEW YORK** State **NY** Zip Code **10017-1216**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TACONIA CAPITAL ADVISORS**

Occupation  
**FINANCE, I.R.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.170054**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FILIP RENSKY**

Mailing Address **416 WASHINGTON ST**  
**PH B**

City **NEW YORK** State **NY** Zip Code **10013-2068**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BANK OF AMERICA**

Occupation  
**INVESTMENT BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163021**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2097 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. DEENA REPPEN**

Mailing Address 6344 GLASGOW DR

City	State	Zip Code
TALLAHASSEE	FL	32312-4510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
FOUNDATION FOR EXCELLENCE IN EDUCATION	VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.168795**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DEENA REPPEN**

Mailing Address 6344 GLASGOW DR

City	State	Zip Code
TALLAHASSEE	FL	32312-4510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
FOUNDATION FOR EXCELLENCE IN EDUCATION	VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.175419**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. DEENA REPPEN**

Mailing Address 6344 GLASGOW DR

City	State	Zip Code
TALLAHASSEE	FL	32312-4510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
FOUNDATION FOR EXCELLENCE IN EDUCATION	VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.180734**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2098 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELLIOTT RESNIK**

Mailing Address 337 WASHINGTON AVE N  
APT 418

City State Zip Code  
MINNEAPOLIS MN 55401-2741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LUMINARA WORLDWIDE

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155267**

Date of Receipt

M M / D D / Y Y Y Y  
10 01 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. DEBBIE RESSLER**

Mailing Address 9373 E RIVER MOON CT

City State Zip Code  
INVERNESS FL 34453-1131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.165838**

Date of Receipt

M M / D D / Y Y Y Y  
11 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. DEBBIE RESSLER**

Mailing Address 9373 E RIVER MOON CT

City State Zip Code  
INVERNESS FL 34453-1131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.166222**

Date of Receipt

M M / D D / Y Y Y Y  
11 08 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2730.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2099 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. DEBBIE RESSLER**

Mailing Address 9373 E RIVER MOON CT

City	State	Zip Code
INVERNESS	FL	34453-1131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.167659**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. DEBBIE RESSLER**

Mailing Address 9373 E RIVER MOON CT

City	State	Zip Code
INVERNESS	FL	34453-1131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.167692**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. DEBBIE RESSLER**

Mailing Address 9373 E RIVER MOON CT

City	State	Zip Code
INVERNESS	FL	34453-1131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.170468**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

115.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2100 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. DEBBIE RESSLER**

Mailing Address 9373 E RIVER MOON CT

City

INVERNESS

State

FL

Zip Code

34453-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.173723**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GERTRUDE J. REVELLE**

Mailing Address PO BOX 448

City

MURFREESBORO

State

NC

Zip Code

27855-0448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167989**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID K. REYES**

Mailing Address 6250 N RIVER RD

City

ROSEMONT

State

IL

Zip Code

60018-4247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REYES HOLDINGS, LLC

Occupation

EXECUTIVE

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158495**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2975.00

**Total This Period (last page this line number only)** .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2101 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSE REYES**

Mailing Address 1561 E 7TH CT

City  
HIALEAH

State Zip Code  
FL 33010-3215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MASTER CONSTRUCTION

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.160054**

Date of Receipt

M M / D D / Y Y Y Y  
10 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ROSEANNE REYES**

Mailing Address 9044 CLASSIC CT

City  
ORLANDO

State Zip Code  
FL 32819-4025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159286**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRITT T. REYNOLDS**

Mailing Address 3504 VILLANOVA ST

City  
DALLAS

State Zip Code  
TX 75225-5007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TENET HEALTHCARE

Occupation  
PRESIDENT HOSPITAL OPERATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166420**

Date of Receipt

M M / D D / Y Y Y Y  
11 10 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2102 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. HEATHER S. REYNOLDS**

Mailing Address 50204 PLUM LN

City	State	Zip Code
MACOMB	MI	48044-6123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C&R PLUMBING & HEAT COMPANY, INC.

Occupation  
PURCHASING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160042**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LAURA C. REYNOLDS**

Mailing Address 153 GARFIELD RD

City	State	Zip Code
CONCORD	MA	01742-4905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.160927**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**LAURA C. REYNOLDS**

Mailing Address 153 GARFIELD RD

City	State	Zip Code
CONCORD	MA	01742-4905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.160927B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

8100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2103 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LAURA C. REYNOLDS**

Mailing Address 153 GARFIELD RD

City	State	Zip Code
CONCORD	MA	01742-4905

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.165479**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MRS. LAURA JILL REYNOLDS**

Mailing Address 3504 VILLANOVA ST

City	State	Zip Code
DALLAS	TX	75225-5007

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166372**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. REYNOLDS**

Mailing Address 153 GARFIELD RD

City	State	Zip Code
CONCORD	MA	01742-4905

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PUTNAM INVESTMENTS

Occupation  
MONEY MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.160928**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2104 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. REYNOLDS**

Mailing Address 153 GARFIELD RD

City	State	Zip Code
CONCORD	MA	01742-4905

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PUTNAM INVESTMENTS**

Occupation  
**MONEY MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.160928B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. REYNOLDS**

Mailing Address 153 GARFIELD RD

City	State	Zip Code
CONCORD	MA	01742-4905

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PUTNAM INVESTMENTS**

Occupation  
**MONEY MANAGEMENT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.165481**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN C. REYNOLDS**

Mailing Address 6185 CHARTWELL LN

City	State	Zip Code
MEMPHIS	TN	38120-2556

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BAPTIST MEMORIAL HEALTH CARE**

Occupation  
**PRESIDENT EMERITUS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166616**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2105 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALI REZAIAN**

Mailing Address 420 LOVELL AVE

City	State	Zip Code
MILL VALLEY	CA	94941-1006

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163225**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. HELEN W. RHETT**

Mailing Address 3750 PEACHTREE RD NE  
UNIT 175

City	State	Zip Code
BROOKHAVEN	GA	30319-1322

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157879**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. AMY PLUNKETT RHODES**

Mailing Address 210 CHERRY CIR W

City	State	Zip Code
MEMPHIS	TN	38117-3002

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166607**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2106 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FRED KENT RHODEN**

Mailing Address 24301 MOSS CREEK LN

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082-2142

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BAR BW & STEAK HOUSE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170544**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FRED KENT RHODEN**

Mailing Address 24301 MOSS CREEK LN

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082-2142

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BAR BW & STEAK HOUSE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177937**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES L. RHODEN JR.**

Mailing Address 1985 N PARK PL SE

City	State	Zip Code
ATLANTA	GA	30339-2004

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FUTREN CORPORATION**

Occupation  
**MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174757**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2107 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RAY N. RHODES JR.**

Mailing Address **6401 HARRIS PKWY**

City

**FORT WORTH**

State

**TX**

Zip Code

**76132-6101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COOK CHILDRENS PHYSICIAN NETWORK**

Occupation

**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1090.00**

**Transaction ID : SA17.161112**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RAY N. RHODES JR.**

Mailing Address **6401 HARRIS PKWY**

City

**FORT WORTH**

State

**TX**

Zip Code

**76132-6101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COOK CHILDRENS PHYSICIAN NETWORK**

Occupation

**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1090.00**

**Transaction ID : SA17.167115**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAY N. RHODES JR.**

Mailing Address **6401 HARRIS PKWY**

City

**FORT WORTH**

State

**TX**

Zip Code

**76132-6101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COOK CHILDRENS PHYSICIAN NETWORK**

Occupation

**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1090.00**

**Transaction ID : SA17.168638**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**360.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2108 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RAY N. RHODES JR.**

Mailing Address **6401 HARRIS PKWY**

City

**FORT WORTH**

State

**TX**

Zip Code

**76132-6101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COOK CHILDRENS PHYSICIAN NETWORK**

Occupation

**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1090.00**

**Transaction ID : SA17.172238**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RAY N. RHODES JR.**

Mailing Address **6401 HARRIS PKWY**

City

**FORT WORTH**

State

**TX**

Zip Code

**76132-6101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COOK CHILDRENS PHYSICIAN NETWORK**

Occupation

**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1090.00**

**Transaction ID : SA17.179482**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SUZY RHODES**

Mailing Address **4511 RIDGEHAVEN RD**

City

**FORT WORTH**

State

**TX**

Zip Code

**76116-7315**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ROYER & SCHUTTS**

Occupation

**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168637**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**450.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2109 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM C. RHODES**

Mailing Address 210 CHERRY CIR W

City	State	Zip Code
MEMPHIS	TN	38117-3002

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AUTOZONE

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166639**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. FELIX V. RICARD**

Mailing Address 7803 N KENDALL DR  
APT F307

City	State	Zip Code
MIAMI	FL	33156-7728

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161293**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DONALD B. RICE**

Mailing Address 10126 EMPYREAN WAY  
APT 103

City	State	Zip Code
LOS ANGELES	CA	90067-3802

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172923**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2110 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES RICE**

Mailing Address 2307 STEPHENS GRANT DR

City	State	Zip Code
SUGAR LAND	TX	77479-2244

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RICE & GARDNER CONSULTANTS**

Occupation  
**PROJECT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165241**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES RICE**

Mailing Address 2307 STEPHENS GRANT DR

City	State	Zip Code
SUGAR LAND	TX	77479-2244

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RICE & GARDNER CONSULTANTS**

Occupation  
**PROJECT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.174022**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK RICHARD**

Mailing Address 3000 N SAM HOUSTON PKWY E

City	State	Zip Code
HOUSTON	TX	77032-3219

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HALLIBURTON**

Occupation  
**SVP GLOBAL BUSINESS DEVELOPMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.164406**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

800.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2111 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JILL RICHSTONE**

Mailing Address 3155 MEDINAH CIR E

City

LAKE WORTH

State

FL

Zip Code

33467-1346

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STATE OF FLORIDA

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172508**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD P. RICHTER**

Mailing Address 1632 MARINA DR

City

SLIDELL

State

LA

Zip Code

70458-9216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SHER GARNER CAHILL RICHTER KLEIN

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163204**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID A. RICKS**

Mailing Address 7550 WASHINGTON BLVD

City

INDIANAPOLIS

State

IN

Zip Code

46240-2863

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ELI LILLY

Occupation  
SENIOR VICE PRESIDENT/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158235**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2112 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NED B. RICKS**

Mailing Address **6416 LONE TREE CT**

City

**GURNEE**

State

**IL**

Zip Code

**60031-2541**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.165431**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM RIDDELL JR.**

Mailing Address **113 LONG POINT DR**

City

**AMELIA ISLAND**

State

**FL**

Zip Code

**32034-6410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158578**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS J. RIDGE**

Mailing Address **5315 WOODLAWN AVE**

City

**CHEVY CHASE**

State

**MD**

Zip Code

**20815-6635**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RIDGE GLOBAL**

Occupation

**ATTORNEY/CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178997**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5650.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2113 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SCOTT RIDING**

Mailing Address 1221 E WATERSIDE CV  
APT 33

City State Zip Code  
COTTONWOOD HEIGHTS UT 84047-4277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Y2 ANALYTICS

Occupation  
MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1015.00

**Transaction ID : SA17.165262**

Date of Receipt

M M / D D / Y Y Y Y  
10 31 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SCOTT RIDING**

Mailing Address 1221 E WATERSIDE CV  
APT 33

City State Zip Code  
COTTONWOOD HEIGHTS UT 84047-4277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Y2 ANALYTICS

Occupation  
MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1015.00

**Transaction ID : SA17.172810**

Date of Receipt

M M / D D / Y Y Y Y  
11 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SCOTT RIDING**

Mailing Address 1221 E WATERSIDE CV  
APT 33

City State Zip Code  
COTTONWOOD HEIGHTS UT 84047-4277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Y2 ANALYTICS

Occupation  
MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1015.00

**Transaction ID : SA17.180044**

Date of Receipt

M M / D D / Y Y Y Y  
12 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2114 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LEEN RIFAI**

Mailing Address 4333 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20016-5546

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.157614**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LEEN RIFAI**

Mailing Address 4333 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20016-5546

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.163239**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LEEN RIFAI**

Mailing Address 4333 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20016-5546

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173598**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2115 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A.** Full Name (Last, First, Middle Initial)

MR. MOSTAFA RIFAI

Mailing Address 5860 BURNING TREE DR

City	State	Zip Code
EL PASO	TX	79912-4123

FEC ID number of contributing federal political committee.

C

Name of Employer  
INRADIUS SYSTEMSOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.177904

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)

MR. JOHN N. RIGSBY

Mailing Address 9013 POINT CYPRESS DR

City	State	Zip Code
ORLANDO	FL	32836-5475

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Transaction ID : SA17.171150

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

MR. ROBERT L. RIKER III

Mailing Address 1842 GREENLEAF DR

City	State	Zip Code
ROYAL OAK	MI	48067-1011

FEC ID number of contributing federal political committee.

C

Name of Employer  
BROTHER RICEOccupation  
TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.161227

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3450.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MRS. DEBRA F. RILEY

Mailing Address 1125 SAINT MELLION DR

City	State	Zip Code
PRESTO	PA	15142-1009

FEC ID number of contributing federal political committee.

C

Name of Employer  
EXOVA, INC.Occupation  
SALES MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

**Transaction ID : SA17.166378**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2400.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

JOSEPH RILEY

Mailing Address PO BOX 204

City	State	Zip Code
ETOWAH	TN	37331-0204

FEC ID number of contributing federal political committee.

C

Name of Employer  
U.S. ARMYOccupation  
SOLDIER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167325**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

JOSEPH RILEY

Mailing Address PO BOX 204

City	State	Zip Code
ETOWAH	TN	37331-0204

FEC ID number of contributing federal political committee.

C

Name of Employer  
U.S. ARMYOccupation  
SOLDIER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172230**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2450.00

Total This Period (last page this line number only).....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2117 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSEPH RILEY**

Mailing Address **PO BOX 204**

City

**ETOWAH**

State

**TN**

Zip Code

**37331-0204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**U.S. ARMY**

Occupation

**SOLDIER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.172231**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSEPH RILEY**

Mailing Address **PO BOX 204**

City

**ETOWAH**

State

**TN**

Zip Code

**37331-0204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**U.S. ARMY**

Occupation

**SOLDIER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.172232**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH RILEY**

Mailing Address **PO BOX 204**

City

**ETOWAH**

State

**TN**

Zip Code

**37331-0204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**U.S. ARMY**

Occupation

**SOLDIER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.179326**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2118 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK B. RILEY**

Mailing Address **656 COLLIER COMMONS CIR NW**

City	State	Zip Code
ATLANTA	GA	30318-1736

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**URBAN REALTY PARTNERS**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.174756**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. MERLE E. RILEY**

Mailing Address **8601 NORTHRIDGE AVE NE**

City	State	Zip Code
ALBUQUERQUE	NM	87111-2109

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.179644**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PATRICK L. RILEY**

Mailing Address **1125 SAINT MELLION DR**

City	State	Zip Code
PRESTO	PA	15142-1009

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AC DELLOVADE, INC.**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2400.00**

**Transaction ID : SA17.166377**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2400.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2119 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. LEIGHAN R. RINKER**

Mailing Address **556 MUIRFIELD DR**

City

**LAKE WORTH**

State

**FL**

Zip Code

**33462-1208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163372**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FRANK A. RISCH**

Mailing Address **3540 COLGATE AVE**

City

**DALLAS**

State

**TX**

Zip Code

**75225-5009**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161320**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERTO M. RISCHMAWI**

Mailing Address **724 NW 132ND PL**

City

**MIAMI**

State

**FL**

Zip Code

**33182-1810**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LOS HORNOS RESTAURANT**

Occupation

**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.160074**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2120 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JESSICA S. RISH**

Mailing Address P.O. BOX 32457

City	State	Zip Code
PORT SAINT JOE	FL	32458-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173112**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RALPH P. RISH**

Mailing Address 1887 STATE ROAD 30A

City	State	Zip Code
PORT ST JOE	FL	32456-5439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PREBLE-RISH, INC.

Occupation  
FIRM PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.170963**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN D. RISING**

Mailing Address 3385 HANESTOWN RD

City	State	Zip Code
WESTMORELAND	TN	37186-2614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.158866**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2121 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JONATHAN RISSEEUW**

Mailing Address 2613 N 27TH ST

City

SHEBOYGAN

State

WI

Zip Code

53083-3706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KOHLER COMPANY

Occupation  
DIRECTOR OF SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.159543**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JONATHAN RISSEEUW**

Mailing Address 2613 N 27TH ST

City

SHEBOYGAN

State

WI

Zip Code

53083-3706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KOHLER COMPANY

Occupation  
DIRECTOR OF SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.166086**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JONATHAN RISSEEUW**

Mailing Address 2613 N 27TH ST

City

SHEBOYGAN

State

WI

Zip Code

53083-3706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KOHLER COMPANY

Occupation  
DIRECTOR OF SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.177095**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2122 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JONATHAN RISSEEUW**

Mailing Address 2613 N 27TH ST

City

**SHEBOYGAN**

State

**WI**

Zip Code

**53083-3706**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KOHLER COMPANY**

Occupation  
**DIRECTOR OF SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**550.00**

**Transaction ID : SA17.180046**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. TUULI-ANN RISTKOK**

Mailing Address 16 W 16TH ST

City

**NEW YORK**

State

**NY**

Zip Code

**10011-6328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.158790**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. TUULI-ANN RISTKOK**

Mailing Address 16 W 16TH ST

City

**NEW YORK**

State

**NY**

Zip Code

**10011-6328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.166703**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2123 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. TUULI-ANN RISTKOK**

Mailing Address 16 W 16TH ST

City	State	Zip Code
NEW YORK	NY	10011-6328

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.173969**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. TUULI-ANN RISTKOK**

Mailing Address 16 W 16TH ST

City	State	Zip Code
NEW YORK	NY	10011-6328

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.178229**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. TUULI-ANN RISTKOK**

Mailing Address 16 W 16TH ST

City	State	Zip Code
NEW YORK	NY	10011-6328

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.181582**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2124 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CODY RITCHIE**

Mailing Address 1418 S MILLER CREEK PL

City	State	Zip Code
TUCSON	AZ	85748-7765

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CREST INSURANCE GROUP**

Occupation  
**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171095**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN D. RITCHIE**

Mailing Address 9005 MT LASSEN AVE

City	State	Zip Code
VANCOUVER	WA	98664-2715

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GREAT NORTHERN ASSET MANAGEMENT**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173016**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATSY RITCHIE**

Mailing Address 1418 S MILLER CREEK PL

City	State	Zip Code
TUCSON	AZ	85748-7765

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177766**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2125 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KATHALEEN ELIZABETH RITENHOUR**

Mailing Address 926 HIGHLAND DR

City	State	Zip Code
VISTA	CA	92083-3308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WORLD PRIVATE SECURITY**

Occupation  
**GUARD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

536.50

**Transaction ID : SA17.160648**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

116.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KATHALEEN ELIZABETH RITENHOUR**

Mailing Address 926 HIGHLAND DR

City	State	Zip Code
VISTA	CA	92083-3308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WORLD PRIVATE SECURITY**

Occupation  
**GUARD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

536.50

**Transaction ID : SA17.160792**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. KATHALEEN ELIZABETH RITENHOUR**

Mailing Address 926 HIGHLAND DR

City	State	Zip Code
VISTA	CA	92083-3308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WORLD PRIVATE SECURITY**

Occupation  
**GUARD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

536.50

**Transaction ID : SA17.163354**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

136.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2126 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KATHALEEN ELIZABETH RITENHOUR**

Mailing Address 926 HIGHLAND DR

City	State	Zip Code
VISTA	CA	92083-3308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WORLD PRIVATE SECURITY**

Occupation  
**GUARD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

536.50

**Transaction ID : SA17.166916**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. KATHALEEN ELIZABETH RITENHOUR**

Mailing Address 926 HIGHLAND DR

City	State	Zip Code
VISTA	CA	92083-3308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WORLD PRIVATE SECURITY**

Occupation  
**GUARD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

536.50

**Transaction ID : SA17.173847**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. KATHALEEN ELIZABETH RITENHOUR**

Mailing Address 926 HIGHLAND DR

City	State	Zip Code
VISTA	CA	92083-3308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WORLD PRIVATE SECURITY**

Occupation  
**GUARD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

536.50

**Transaction ID : SA17.178230**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

16.50

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

51.50

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2127 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KATHALEEN ELIZABETH RITENHOUR**

Mailing Address 926 HIGHLAND DR

City	State	Zip Code
VISTA	CA	92083-3308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WORLD PRIVATE SECURITY**

Occupation  
**GUARD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

536.50

**Transaction ID : SA17.181474**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

87.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAXTON RITER**

Mailing Address 4328 WINDSOR PKWY

City	State	Zip Code
DALLAS	TX	75205-1647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IDESIGNEDU**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158982**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GRAHAM A. RITTER**

Mailing Address 1250 RANKIN DR  
SUITE A

City	State	Zip Code
TROY	MI	48083-2844

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DRIFORCE**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17.161658**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4787.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA RITTER**

Mailing Address 1000 CRESTVIEW DR

City	State	Zip Code
RICHARDSON	TX	75080-4932

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170477**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILIP RITTER**

Mailing Address 10824 ALADDIN DR

City	State	Zip Code
DALLAS	TX	75229-4001

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MMHPI

Occupation  
COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175581**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ADRIEN A. RIVARD III**

Mailing Address 101 HARRISON AVE

City	State	Zip Code
PANAMA CITY	FL	32401-2725

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HARRISON RIVARD DUNCAN & BUZZETT

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173099**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2129 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT RIVENBURGH**

Mailing Address 920 YARMOUTH RD

City

BLOOMFIELD

State

MI

Zip Code

48301-2335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THE MARS AGENCY

Occupation

COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.148111**

Date of Receipt

**09 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH RIVENBURGH**

Mailing Address 920 YARMOUTH RD

City

BLOOMFIELD

State

MI

Zip Code

48301-2335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

**Transaction ID : SA17.B164645**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT RIVENBURGH**

Mailing Address 920 YARMOUTH RD

City

BLOOMFIELD

State

MI

Zip Code

48301-2335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

THE MARS AGENCY

Occupation

COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B164646**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-50.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. BETH RIVERS**

Mailing Address 4900 RIVERBEND DR

City

FORT WORTH

State

TX

Zip Code

76109-2435

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169515**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ERIC J. RIVERON**

Mailing Address 9960 SW 37TH TER

City

MIAMI

State

FL

Zip Code

33165-3934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.161211**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

230.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ORLANDO RIVERO**

Mailing Address 4601 SW 141ST AVE

City

MIRAMAR

State

FL

Zip Code

33027-3044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.171755**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1330.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MATTHEW RIZZO**

Mailing Address **787 7TH AVE**

City	State	Zip Code
<b>NEW YORK</b>	<b>NY</b>	<b>10019-6018</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SIDLEY AUSTIN**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159851**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ANA MARGARITA ROBAYNA**

Mailing Address **141 SOLANO PRADO**

City	State	Zip Code
<b>CORAL GABLES</b>	<b>FL</b>	<b>33156-2349</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FINEST DRYWALL**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4700.00**

**Transaction ID : SA17.159263**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANA MARGARITA ROBAYNA**

Mailing Address **141 SOLANO PRADO**

City	State	Zip Code
<b>CORAL GABLES</b>	<b>FL</b>	<b>33156-2349</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FINEST DRYWALL**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4700.00**

**Transaction ID : SA17.170640**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**7400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ANA MARGARITA ROBAYNA**

Mailing Address 141 SOLANO PRADO

City	State	Zip Code
CORAL GABLES	FL	33156-2349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FINEST DRYWALL

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4700.00

**Transaction ID : SA17.170640B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

-2000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ANA MARGARITA ROBAYNA**

Mailing Address 141 SOLANO PRADO

City	State	Zip Code
CORAL GABLES	FL	33156-2349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FINEST DRYWALL

Occupation  
OWNER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4700.00

**Transaction ID : SA17.174101**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDUARDO ROBAYNA**

Mailing Address 141 SOLANO PRADO

City	State	Zip Code
CORAL GABLES	FL	33156-2349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WALL CONCEPT

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159264**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2700.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. ROBBINS**

Mailing Address **PO BOX 575**

City State Zip Code  
**CORONA DEL MAR CA 92625-0575**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163037**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ELIZABETH ROBERTSHAW**

Mailing Address **166 E 81ST ST**

City State Zip Code  
**NEW YORK NY 10028-1804**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170065**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. G. STANLEY ROBERTS**

Mailing Address **PO BOX 24085**

City State Zip Code  
**JACKSON MS 39225-4085**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163187**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2134 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JACK H. ROBERTS**

Mailing Address 1110 WILSON HOLLOW RD

City	State	Zip Code
WAITSBURG	WA	99361-8790

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157878**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN C. ROBERTSHAW**

Mailing Address 166 E 81ST ST

City	State	Zip Code
NEW YORK	NY	10028-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CREDIT SUISSE

Occupation  
BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170074**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JULIAN H. ROBERTSON JR.**

Mailing Address 101 PARK AVE  
FL 48

City	State	Zip Code
NEW YORK	NY	10178-4799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TIGER MANAGEMENT LLC

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175365**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH L. ROBERSON**

Mailing Address PO BOX 495096

City	State	Zip Code
PORT CHARLOTTE	FL	33949-5096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
ROBERSON FUNERAL HOME & CREMATORY	FUNERAL DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168688**

Date of Receipt

MM / DD / YYYY  
11 / 18 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LAURI ANN ROBERTS**

Mailing Address 4900 LODGE LN

City	State	Zip Code
GREENWOOD	MN	55331-9285

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
WIPFLI LLP	PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173187**

Date of Receipt

MM / DD / YYYY  
12 / 01 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

300.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MARY ALICE ROBERTS**

Mailing Address 236 EAGLE POINT RD

City	State	Zip Code
JOHNS ISLAND	SC	29455-5817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.175574**

Date of Receipt

MM / DD / YYYY  
12 / 13 / 2015

## CONTRIBUTION

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2800.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RALPH ROBERSON**

Mailing Address 116 SAILORS COVE DR

City	State	Zip Code
PORT ST JOE	FL	32456-1890

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ROBERSON & ASSOCIATES P.A.

Occupation  
CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169564**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RUSSELL L. ROBERTS**

Mailing Address 2200 ALAQUA DR

City	State	Zip Code
LONGWOOD	FL	32779-3100

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALL ABOARD FLORIDA

Occupation  
VP OF GOVERNMENT AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.170659**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**S. GLYNN ROBERTS**

Mailing Address 1804 WROXTON RD

City	State	Zip Code
HOUSTON	TX	77005-1720

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NORTHSTAR OFFSHORE GROUP, LLC

Occupation  
OIL AND GAS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.172772**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****S. GLYNN ROBERTS**

Mailing Address 1804 WROXTON RD

City  
HOUSTONState  
TXZip Code  
77005-1720FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NORTHSTAR OFFSHORE GROUP, LLCOccupation  
OIL AND GAS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.177020**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****S. GLYNN ROBERTS**

Mailing Address 1804 WROXTON RD

City  
HOUSTONState  
TXZip Code  
77005-1720FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NORTHSTAR OFFSHORE GROUP, LLCOccupation  
OIL AND GAS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.180048**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****THOMAS ROBERTS**

Mailing Address 236 EAGLE POINT RD

City  
KIAWAH ISLANDState  
SCZip Code  
29455-5817FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164079**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TOM ROBERSON**

Mailing Address PO BOX 3286

City	State	Zip Code
SOUTH PASADENA	CA	91031-6286

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AWS**

Occupation  
**GENERAL MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.162382**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WYNDHAM G. ROBERTSON**

Mailing Address 205 CEDAR BERRY LN

City	State	Zip Code
CHAPEL HILL	NC	27517-7207

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.176912**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WYNDHAM G. ROBERTSON**

Mailing Address 205 CEDAR BERRY LN

City	State	Zip Code
CHAPEL HILL	NC	27517-7207

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.178387**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 2139 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CARROLL L. ROBINSON**

Mailing Address 164 CAMDEN DR

City	State	Zip Code
BAL HARBOUR	FL	33154-1329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.158838**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. CARROLL L. ROBINSON**

Mailing Address 164 CAMDEN DR

City	State	Zip Code
BAL HARBOUR	FL	33154-1329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.171143**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVIS R. ROBINSON**

Mailing Address 2112 48TH ST NW

City	State	Zip Code
WASHINGTON	DC	20007-1505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172960**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2775.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEBORAH ROBINS**

Mailing Address **228 WASHINGTON AVE**

City

**HADDONFIELD**

State

**NJ**

Zip Code

**08033-3323**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.157476**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEBORAH ROBINS**

Mailing Address **228 WASHINGTON AVE**

City

**HADDONFIELD**

State

**NJ**

Zip Code

**08033-3323**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.180595**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EMERSON ROBINSON JR.**

Mailing Address **49 EASTBROOKE ST**

City

**JACKSON**

State

**MS**

Zip Code

**39216-4714**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.172985**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1275.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A.** Full Name (Last, First, Middle Initial)

MR. ISAAC RHODES ROBINSON JR.

Mailing Address 969 SHIPWATCH DR E

City

JACKSONVILLE

State

FL

Zip Code

32225-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENVIRONMENTAL SERVICES, INC.

Occupation

CONSULTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.170627

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)

MR. JIM ROBINSON

Mailing Address 2775 ACORN RD

City

BLOOMFIELD TOWNSHIP

State

MI

Zip Code

48302-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCI FLOORING

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.159006

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

MR. KEVIN S. ROBINS

Mailing Address 3816 OLYMPIA DR

City

HOUSTON

State

TX

Zip Code

77019-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.168707

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6400.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL ROBINSON**

Mailing Address 5711 OGDEN RD

City

BETHESDA

State

MD

Zip Code

20816-1260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ICR, INC

Occupation

PUBLIC RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173175**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICIA ROBINSON**

Mailing Address 9842 WALLACE CT

City

HIGHLANDS RANCH

State

CO

Zip Code

80126-8603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SFIT

Occupation

TRUSTEE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

**Transaction ID : SA17.159612**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICIA ROBINSON**

Mailing Address 9842 WALLACE CT

City

HIGHLANDS RANCH

State

CO

Zip Code

80126-8603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SFIT

Occupation

TRUSTEE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

**Transaction ID : SA17.176112**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1505.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ROBIN ROBINSON**

Mailing Address 2148 IROQUOIS LN  
APT 104

City State Zip Code  
FALLS CHURCH VA 22043-3723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PACIFIC NORTHWEST NATIONAL LAB

Occupation  
ENERGY ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.157311**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ROBIN ROBINSON**

Mailing Address 2148 IROQUOIS LN  
APT 104

City State Zip Code  
FALLS CHURCH VA 22043-3723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PACIFIC NORTHWEST NATIONAL LAB

Occupation  
ENERGY ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.173680**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SARA B. ROBINS**

Mailing Address 3816 OLYMPIA DR

City State Zip Code  
HOUSTON TX 77019-3032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168702**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS S. ROBINSON**

Mailing Address 1019 WHISPERING CV

City	State	Zip Code
CASSELBERRY	FL	32707-6055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.169852**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSEPH ROCHE**

Mailing Address 144 OVERLOOK DR

City	State	Zip Code
MARTIN	GA	30557-4529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CORNERSTONE

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.178411**

Date of Receipt

MM / DD / YYYY  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEVIN ROCHFORD**

Mailing Address 1440 N LAKE SHORE DR  
APT 23E

City	State	Zip Code
CHICAGO	IL	60610-5949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BESSEMER TRUST

Occupation  
WEALTH MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158538**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1525.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KELLY ROCK**

Mailing Address 12 RACKETT LN

City

ESSEX

State

CT

Zip Code

06426-1416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170121**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KELLY ROCK**

Mailing Address 12 RACKETT LN

City

ESSEX

State

CT

Zip Code

06426-1416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172080**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KELLY ROCK**

Mailing Address 12 RACKETT LN

City

ESSEX

State

CT

Zip Code

06426-1416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177597**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KELLY ROCK**

Mailing Address 12 RACKETT LN

City	State	Zip Code
ESSEX	CT	06426-1416

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179547**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DANNY ROCKOV**

Mailing Address 38209 ABRUZZI DR

City	State	Zip Code
WESTLAND	MI	48185-3281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CLIMATE TECHNOLOGY MECHANICAL  
SYSTEMS

Occupation  
MECHANICAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161661**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID ROCKWELL**

Mailing Address 125 BROAD ST

City	State	Zip Code
NEW YORK	NY	10004-2400

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SULLIVAN & CROMWELL LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158459**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2147 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DONALD B. RODGERS**

Mailing Address 215 EXECUTIVE DR

City	State	Zip Code
CRANBERRY TOWNSHIP	PA	16066-6406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CREATIVE REAL ESTATE

Occupation  
DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165675**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LORI J. RODGERS**

Mailing Address 1855 PORTER LAKE DR

City	State	Zip Code
SARASOTA	FL	34240-7893

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BERT RODGERS SCHOOLS OF REAL  
ESTATE

Occupation  
OWNER/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175007**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EDUARDO A. RODRIGUEZ**

Mailing Address 5809 KINGSFIELD AVE

City	State	Zip Code
EL PASO	TX	79912-4815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177947**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ISMAEL RODRIGUEZ**

Mailing Address PO BOX 522474

City  
**MIAMI**

State  
**FL**

Zip Code  
**33152-2474**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ARCHITECT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160060**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHNNY RODRIGUEZ**

Mailing Address PO BOX 1900

City  
**WESLACO**

State  
**TX**

Zip Code  
**78599-1900**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIFE SPAN REHABILITATION CENTER,  
LLC**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.157339**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LAURA RODRIGUEZ**

Mailing Address 10260 BERMUDA AVE

City  
**EL PASO**

State  
**TX**

Zip Code  
**79925-5503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE RABEN GROUP**

Occupation  
**LOBBYIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.177342**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LUIS F. RODRIGUEZ**

Mailing Address 8022 SW 103RD ST

City  
MIAMI

State  
FL

Zip Code  
33156-2529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161297**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARIA RODRIGUEZ**

Mailing Address 5809 KINGSFIELD AVE

City  
EL PASO

State  
TX

Zip Code  
79912-4815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

CENTURY 21 APD

REALTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177944**

Date of Receipt

MM / DD / YYYY  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. RAQUEL A. RODRIGUEZ**

Mailing Address 737 CRANDON BLVD  
PH 1

City  
KEY BISCAYNE

State  
FL

Zip Code  
33149-2576

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

MC DONALD HOPKINS

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2730.00

**Transaction ID : SA17.168515**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

530.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. RAQUEL A. RODRIGUEZ**

Mailing Address **737 CRANDON BLVD**  
**PH 1**

City **KEY BISCAIYNE** State **FL** Zip Code **33149-2576**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MC DONALD HOPKINS**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2730.00**

**Transaction ID : SA17.168515B**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-30.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MS. RAQUEL A. RODRIGUEZ**

Mailing Address **737 CRANDON BLVD**  
**PH 1**

City **KEY BISCAIYNE** State **FL** Zip Code **33149-2576**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MC DONALD HOPKINS**

Occupation  
**ATTORNEY**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2730.00**

**Transaction ID : SA17.177847**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**30.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**SERGIO RODRIGUERA JR.**

Mailing Address **875 10TH ST NW**  
**APT 727**

City **WASHINGTON** State **DC** Zip Code **20001-5165**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CREDIT JUNCTION**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.163251**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ZEUS RODRIGUEZ**

Mailing Address **6100 W STATE ST**

City	State	Zip Code
WAUWATOSA	WI	53213-2983

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RODRIGUEZ CORPORATION LLC**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.171091**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHRISTOPHER BRIAN ROEMER**

Mailing Address **221 OLEANDER AVE**  
**APT 2**

City	State	Zip Code
PALM BEACH	FL	33480-3874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAW OFFICE OF CHRISTOPHER B. ROEMER**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158900**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHRISTOPHER BRIAN ROEMER**

Mailing Address **221 OLEANDER AVE**  
**APT 2**

City	State	Zip Code
PALM BEACH	FL	33480-3874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAW OFFICE OF CHRISTOPHER B. ROEMER**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168143**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHRISTOPHER BRIAN ROEMER**

Mailing Address **221 OLEANDER AVE**  
**APT 2**

City **PALM BEACH** State **FL** Zip Code **33480-3874**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LAW OFFICE OF CHRISTOPHER B. ROEMER ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175398**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRANDT ROESSLER**

Mailing Address **3083 HERSCHEL AVE**

City **DALLAS** State **TX** Zip Code **75219-2605**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**501.00**

**Transaction ID : SA17.166507**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRANDT ROESSLER**

Mailing Address **3083 HERSCHEL AVE**

City **DALLAS** State **TX** Zip Code **75219-2605**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**501.00**

**Transaction ID : SA17.171410**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**551.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANN ROGERS**

Mailing Address 2314 MIMOSA DR

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77019-6024**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT/COACH**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.162259**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES ROGERS**

Mailing Address 1355 WATSON DIVIDE RD

City  
**SNOWMASS**

State  
**CO**

Zip Code  
**81654-8901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GREENHILL**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.179424**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES E. ROGERS JR.**

Mailing Address 2505 E MISSOURI AVE

City  
**EL PASO**

State  
**TX**

Zip Code  
**79903-3918**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**USI SOUTHWEST**

Occupation  
**SALES EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.177905**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2154 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN D. ROGERS**

Mailing Address **1 WILMAR PL**

City

**GARDEN CITY**

State

**NY**

Zip Code

**11530-5808**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STORMHARBOUR PARTNERS**

Occupation

**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164650**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item

**SEE REATTRIBUTION**

**B. Full Name (Last, First, Middle Initial)**

**MRS. BETH ANN ROGERS**

Mailing Address **1 WILMAR PL**

City

**GARDEN CITY**

State

**NY**

Zip Code

**11530-5808**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

**Transaction ID : SA17.164651**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2300.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN D. ROGERS**

Mailing Address **1 WILMAR PL**

City

**GARDEN CITY**

State

**NY**

Zip Code

**11530-5808**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STORMHARBOUR PARTNERS**

Occupation

**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164650B**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2300.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**5000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. BARRY ROGSTAD**

Mailing Address 11610 BEALL MOUNTAIN RD

City	State	Zip Code
POTOMAC	MD	20854-1126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175912**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LORRAINE A. ROGSTAD**

Mailing Address 11610 BEALL MOUNTAIN RD

City	State	Zip Code
POTOMAC	MD	20854-1126

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175908**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ILENE ROGUT**

Mailing Address 380 SAINT ANDREWS PL

City	State	Zip Code
MANALAPAN	NJ	07726-9532

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BBRAUN MEDICAL

Occupation  
SALES MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176379**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LAURA ROHL**

Mailing Address 580 ALLVIEW TER

City	State	Zip Code
LAGUNA BEACH	CA	92651-1552

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DEAN FOODS

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174955**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

850.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LAURA ROHL**

Mailing Address 580 ALLVIEW TER

City	State	Zip Code
LAGUNA BEACH	CA	92651-1552

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DEAN FOODS

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175742**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1850.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LOUIS ROHL**

Mailing Address 580 ALLVIEW TER

City	State	Zip Code
LAGUNA BEACH	CA	92651-1552

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ROHL, LLC

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174966**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

850.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3550.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2157 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. LOUIS ROHL**

Mailing Address **580 ALLVIEW TER**

City	State	Zip Code
<b>LAGUNA BEACH</b>	<b>CA</b>	<b>92651-1552</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROHL, LLC**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175743**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**850.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSEPH ROJAKOVICK**

Mailing Address **1711 MASSACHUSETTS AVE NW**

City	State	Zip Code
<b>WASHINGTON</b>	<b>DC</b>	<b>20036-2101</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ERNST & YOUNG**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**950.00**

**Transaction ID : SA17.163059**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH ROJAKOVICK**

Mailing Address **1711 MASSACHUSETTS AVE NW**

City	State	Zip Code
<b>WASHINGTON</b>	<b>DC</b>	<b>20036-2101</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ERNST & YOUNG**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**950.00**

**Transaction ID : SA17.163060**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSEPH ROJAKOVICK**

Mailing Address 1711 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20036-2101

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ERNST & YOUNG**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.166003**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSEPH ROJAKOVICK**

Mailing Address 1711 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20036-2101

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ERNST & YOUNG**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.174134**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH ROJAS LEVI**

Mailing Address 1616 11TH ST NW  
APT 202

City	State	Zip Code
WASHINGTON	DC	20001-5068

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ALCATEL-LUCENT**

Occupation  
**DIRECTOR OF PUBLIC AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161910**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARCO ROJAS**

Mailing Address 299 W MASHTA DR

City

KEY BISCAVNE

State

FL

Zip Code

33149-2419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R&S INTERNATIONAL LAW GROUP LLP

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157951**

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FREDERICK ROM**

Mailing Address 109 LOCH POINTE DRIVE

City

CARY

State

NC

Zip Code

27518-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMBLE CARLYLE

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.165173**

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FREDERICK ROM**

Mailing Address 109 LOCH POINTE DRIVE

City

CARY

State

NC

Zip Code

27518-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMBLE CARLYLE

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.172672**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FREDERICK ROM**

Mailing Address 109 LOCH POINTE DRIVE

City	State	Zip Code
CARY	NC	27518-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WOMBLE CARLYLE**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.177530**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FREDERICK ROM**

Mailing Address 109 LOCH POINTE DRIVE

City	State	Zip Code
CARY	NC	27518-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WOMBLE CARLYLE**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.180718**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS P. ROMANO**

Mailing Address 2520 S OAK KNOLL AVE

City	State	Zip Code
SAN MARINO	CA	91108-2432

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TOM ROMANO, INC.**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.181135**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2161 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LEESA ROMO**

Mailing Address 2511 BROADWAY ST

City	State	Zip Code
SAN FRANCISCO	CA	94115-1113

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174787**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARTIN ROMO**

Mailing Address 2511 BROADWAY ST

City	State	Zip Code
SAN FRANCISCO	CA	94115-1113

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE CAPITAL GROUP**

Occupation  
**PORTFOLIO MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174790**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY FRANCES ROONEY**

Mailing Address 425 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20001-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

465.00

**Transaction ID : SA17.163061**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY FRANCES ROONEY**

Mailing Address 425 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20001-2609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

465.00

**Transaction ID : SA17.166001**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ADITA ROOT**

Mailing Address 3000 BISSONNET ST  
APT 5107

City	State	Zip Code
HOUSTON	TX	77005-4064

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PRICEWATERHOUSECOOPERS**

Occupation  
**MANAGEMENT CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.180662**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JASON ROPER**

Mailing Address 3595 MOSSY CREEK LN

City	State	Zip Code
TALLAHASSEE	FL	32311-3642

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MASSMUTUAL RETIREMENT SERVICES**

Occupation  
**DIVISIONAL VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158054**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2163 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PEDRO M. ROSADO**

Mailing Address 1050 W FOOTHILL BLVD

City	State	Zip Code
ARCADIA	CA	91006-1940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.141969**

Date of Receipt

**08 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**MERCEDES ROSADO**

Mailing Address 1050 W FOOTHILL BLVD

City	State	Zip Code
ARCADIA	CA	91006-1940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162353**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. PEDRO M. ROSADO**

Mailing Address 1050 W FOOTHILL BLVD

City	State	Zip Code
ARCADIA	CA	91006-1940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162354**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TONY ROSADO**

Mailing Address 1050 W FOOTHILL BLVD

City	State	Zip Code
ARCADIA	CA	91006-1940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EL MERCADO DE LOS ANGELES**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

708.50

**Transaction ID : SA17.181092**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

708.50

☐ Memo Item

IN-KIND: CATERING

**B. Full Name (Last, First, Middle Initial)**

**CHARLES ROSE**

Mailing Address 200 LAKE AVE

City	State	Zip Code
GREENWICH	CT	06830-4518

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MORGAN STANLEY**

Occupation  
**PORTFOLIO MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169557**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLES ROSE**

Mailing Address 200 LAKE AVE

City	State	Zip Code
GREENWICH	CT	06830-4518

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MORGAN STANLEY**

Occupation  
**PORTFOLIO MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180464**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3408.50

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. DEEDIE ROSE**

Mailing Address **5 WILLOWOOD ST**

City	State	Zip Code
DALLAS	TX	75205-3829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162050**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LISA ROSE**

Mailing Address **1110 POST OAK PL**

City	State	Zip Code
WESTLAKE	TX	76262-9013

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PROJECT HAND UP**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162247**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JENNY ROSELL**

Mailing Address **3808 AVIEMORE DR**

City	State	Zip Code
FORT WORTH	TX	76109-4859

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KELLY HART & HALLMAN LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**251.00**

**Transaction ID : SA17.168333**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5650.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JENNY ROSELL**

Mailing Address 3808 AVIEMORE DR

City	State	Zip Code
FORT WORTH	TX	76109-4859

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KELLY HART & HALLMAN LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

**Transaction ID : SA17.169381**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BARRY H. ROSENTHAL**

Mailing Address 2321 N.E. 45TH STREET

City	State	Zip Code
LIGHTHOUSE POINT	FL	33064-7236

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.156993**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. DENISE ROSENBERG**

Mailing Address 7117 NW 20TH PL

City	State	Zip Code
GAINESVILLE	FL	32605-3135

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHOTOGRAPHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155278**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3001.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. HENRY A. ROSENBERG JR.**

Mailing Address **1 N CHARLES ST**  
**FL 22**

City State Zip Code  
**BALTIMORE MD 21201-3740**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROSEMORE, INC.**

Occupation  
**CHAIRMAN OF THE BOARD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.156982**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. MICHAEL B. ROSENFELD**

Mailing Address **1999 AVENUE OF THE STARS**  
**STE 2850**

City State Zip Code  
**LOS ANGELES CA 90067-4627**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WOODRIDGE CAPITAL**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165670**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**PROF. NICHOLAS QUINN ROSENKRANZ**

Mailing Address **354 BROADWAY**  
**APT 5**

City State Zip Code  
**NEW YORK NY 10013-3908**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GEORGETOWN LAW**

Occupation  
**LAW PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158460**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5650.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2168 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ROSALIE ROSENBERG**

Mailing Address 10777 SW 16TH ST

City	State	Zip Code
MIAMI	FL	33165-7378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175019**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. THANE ROSENBAUM**

Mailing Address 202 MALCOLM X BLVD  
APT 1

City	State	Zip Code
NEW YORK	NY	10027-6485

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEW YORK UNIVERSITY LAW SCHOOL

Occupation  
DISTINGUISHED FELLOW AND DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.160405**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

18.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. THANE ROSENBAUM**

Mailing Address 202 MALCOLM X BLVD  
APT 1

City	State	Zip Code
NEW YORK	NY	10027-6485

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEW YORK UNIVERSITY LAW SCHOOL

Occupation  
DISTINGUISHED FELLOW AND DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.174878**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

482.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1500.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD ROSETTI**

Mailing Address 10205 BENTCROSS DR

City	State	Zip Code
POTOMAC	MD	20854-4752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROSETTI STARR**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174347**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. AUSTIN ROSS JR.**

Mailing Address 3617 224TH PL SE

City	State	Zip Code
ISSAQUAH	WA	98029-6246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.160646**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. AUSTIN ROSS JR.**

Mailing Address 3617 224TH PL SE

City	State	Zip Code
ISSAQUAH	WA	98029-6246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.170007**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. AUSTIN ROSS JR.**

Mailing Address 3617 224TH PL SE

City  
ISSAQUAH

State Zip Code  
WA 98029-6246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.177088**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES E. ROSS**

Mailing Address PO BOX 651

City  
JACKSON

State Zip Code  
MS 39205-0651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WISE CARTER CHILD & CARAWAY

Occupation  
ATTORNEY/SHAREHOLDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174769**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOUGLAS ROSS**

Mailing Address 3710 SCHOONER RDG

City  
ALPHARETTA

State Zip Code  
GA 30005-4269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161630**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. SHELLEY ROSS-LARSON**

Mailing Address 1611 29TH ST NW

City	State	Zip Code
WASHINGTON	DC	20007-2902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COMMUNICATION DEVELOPMENT INC.

Occupation  
CORPORATE SECRETARY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.160628**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. DIANE G. ROSSI**

Mailing Address 9572 W CAPRI DR

City	State	Zip Code
LITTLETON	CO	80123-3413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.159196**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. DIANE G. ROSSI**

Mailing Address 9572 W CAPRI DR

City	State	Zip Code
LITTLETON	CO	80123-3413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.172379**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

400.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARK ROSSI**

Mailing Address 13 KIRBY LN

City	State	Zip Code
RYE	NY	10580-4307

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CORNERSTONE EQUITY**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172946**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DOUGLAS H. ROTH**

Mailing Address 1733 WOODSIDE RD  
STE 370

City	State	Zip Code
REDWOOD CITY	CA	94061-3400

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DHR INC.**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162943**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FRANK J. ROTH**

Mailing Address 6887 VAIL CT

City	State	Zip Code
CLARKSTON	MI	48348-4955

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LAUTREC LTD**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160049**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. WENDY WARREN ROTH**

Mailing Address 550 WHISKEY HILL RD

City	State	Zip Code
WOODSIDE	CA	94062-1233

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR/VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162944**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**EDWARD ROTHE**

Mailing Address 130 LORING DR

City	State	Zip Code
HARTSVILLE	SC	29550-5166

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.162569**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EDWARD ROTHE**

Mailing Address 130 LORING DR

City	State	Zip Code
HARTSVILLE	SC	29550-5166

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.162570**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2174 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EDWARD ROTHE**

Mailing Address 130 LORING DR

City

HARTSVILLE

State

SC

Zip Code

29550-5166

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.171381**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PARKER ROTHAMMER**

Mailing Address 1001 E BAYAUD AVE  
APT 1810

City

DENVER

State

CO

Zip Code

80209-2378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PLANSOURCE

Occupation

REGIONAL SALES DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159061**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARGARET ROTHMAN**

Mailing Address PO BOX 173559

City

TAMPA

State

FL

Zip Code

33672-1559

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158559**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2975.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2175 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT ROTHMAN**

Mailing Address PO BOX 173559

City

TAMPA

State

FL

Zip Code

33672-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACK DIAMOND GROUP, INC.

Occupation

PRIVATE INVESTMENTS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158560**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN EDWARD ROUECHE III**

Mailing Address 6107 LAKEHURST AVE

City

DALLAS

State

TX

Zip Code

75230-5037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FLOWERVE CORPORATION

Occupation

VICE PRESIDENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.161714**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RONALD T. ROUNDTREE**

Mailing Address 1388 LIVINGSTON VERNON RD

# A

City

FLORA

State

MS

Zip Code

39071-8918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ENGINEER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172984**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2176 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SYLVIA H. ROUNTREE**

Mailing Address 1960 HILLSBORO RD

City	State	Zip Code
WILMINGTON	NC	28403-5370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159183**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS ROUPE**

Mailing Address 2777 ALLEN PKWY  
STE 850

City	State	Zip Code
HOUSTON	TX	77019-2121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AQUEDUCT CAPITAL

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163118**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SANDRA ROUSE**

Mailing Address 9339 HATHAWAY ST

City	State	Zip Code
DALLAS	TX	75220-2229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166633**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

8100.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS M. ROUSE**

Mailing Address 9339 HATHAWAY ST

City	State	Zip Code
DALLAS	TX	75220-2229

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
R. SQUARED CAPITAL

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166640**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID ROUSSEAU**

Mailing Address 7030 N WILDER RD

City	State	Zip Code
PHOENIX	AZ	85021-8757

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SRP

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162070**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARK ROVINSKI**

Mailing Address 139 SCENIC RD

City	State	Zip Code
SPRINGFIELD	PA	19064-1930

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1175.00

**Transaction ID : SA17.167140**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARK ROVINSKI**

Mailing Address 139 SCENIC RD

City

SPRINGFIELD

State

PA

Zip Code

19064-1930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1175.00

**Transaction ID : SA17.169689**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARK ROVINSKI**

Mailing Address 139 SCENIC RD

City

SPRINGFIELD

State

PA

Zip Code

19064-1930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1175.00

**Transaction ID : SA17.171374**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARK ROVINSKI**

Mailing Address 139 SCENIC RD

City

SPRINGFIELD

State

PA

Zip Code

19064-1930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1175.00

**Transaction ID : SA17.174212**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARK ROVINSKI**

Mailing Address 139 SCENIC RD

City	State	Zip Code
SPRINGFIELD	PA	19064-1930

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1175.00

**Transaction ID : SA17.174888**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARK ROVINSKI**

Mailing Address 139 SCENIC RD

City	State	Zip Code
SPRINGFIELD	PA	19064-1930

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1175.00

**Transaction ID : SA17.176976**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JORGE P. ROVIROSA**

Mailing Address 2451 SW 27 AVENUE

City	State	Zip Code
MIAMI	FL	33133-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FLA STEVEDORING, INC.**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1120.00

**Transaction ID : SA17.166122**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1525.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2180 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

DENISE ROWAN

Mailing Address 1002 W 23RD ST  
STE 330

City	State	Zip Code
PANAMA CITY	FL	32405-3648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENISE HALLMON ROWAN & ASSOCIATESOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172512**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MR. PAUL A. ROWE

Mailing Address 99 WOOD AVE S

City	State	Zip Code
ISELIN	NJ	08830-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENBAUM, ROWE, SMITH & DAVIS  
LLPOccupation  
CHAIRMAN OF FIRM

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165444**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MR. ANDREW J. ROWELL JR.

Mailing Address 701 NAUTILUS DR

City	State	Zip Code
PORT SAINT JOE	FL	32456-6251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTSOccupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173545**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1750.00

Total This Period (last page this line number only).....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2181 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KRISTIN B. ROWELL**

Mailing Address 3549 HOLMES AVE

City	State	Zip Code
MINNEAPOLIS	MN	55408-3836

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ANTHONY OSTLUND**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172929**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. S. DIANE ROYAL**

Mailing Address 1423 34TH ST NW

City	State	Zip Code
WASHINGTON	DC	20007-2804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166123**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MATTHEW ROYKO**

Mailing Address 3260 BUCKHEAD FOREST MEWS NE

City	State	Zip Code
ATLANTA	GA	30305-1761

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DENTONS**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165541**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2182 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROGER ROYSE**

Mailing Address 1717 EMBARCADERO RD

City	State	Zip Code
PALO ALTO	CA	94303-3357

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ROYSE LAW FIRM**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162913**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KENNETH RUBENSTEIN**

Mailing Address 717 OCEAN AVE  
APT 608

City	State	Zip Code
LONG BRANCH	NJ	07740-4977

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PROSKAUER ROSE LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161200**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. PAUL RUBIN**

Mailing Address 5504 ROBERTS DR

City	State	Zip Code
PLANO	TX	75093-7629

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PAUL I. RUBIN, DDS, PA**

Occupation  
**PEDIATRIC DENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167992**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2183 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. STACI RUBIN**

Mailing Address 5504 ROBERTS DR

City	State	Zip Code
PLANO	TX	75093-7629

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167982**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHANIE RUDD**

Mailing Address 6 SUGARBERRY CIR

City	State	Zip Code
HOUSTON	TX	77024-7251

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

531.00

**Transaction ID : SA17.162260**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHANIE RUDD**

Mailing Address 6 SUGARBERRY CIR

City	State	Zip Code
HOUSTON	TX	77024-7251

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

531.00

**Transaction ID : SA17.164228**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

751.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2184 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHANIE RUDD**

Mailing Address **6 SUGARBERRY CIR**

City

**HOUSTON**

State

**TX**

Zip Code

**77024-7251**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**531.00**

**Transaction ID : SA17.166294**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHANIE RUDD**

Mailing Address **6 SUGARBERRY CIR**

City

**HOUSTON**

State

**TX**

Zip Code

**77024-7251**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**531.00**

**Transaction ID : SA17.169376**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHANIE RUDD**

Mailing Address **6 SUGARBERRY CIR**

City

**HOUSTON**

State

**TX**

Zip Code

**77024-7251**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**531.00**

**Transaction ID : SA17.171408**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**15.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2185 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHANIE RUDD**

Mailing Address **6 SUGARBERRY CIR**

City

**HOUSTON**

State

**TX**

Zip Code

**77024-7251**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**531.00**

**Transaction ID : SA17.174300**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHANIE RUDD**

Mailing Address **6 SUGARBERRY CIR**

City

**HOUSTON**

State

**TX**

Zip Code

**77024-7251**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**531.00**

**Transaction ID : SA17.177366**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHANIE RUDD**

Mailing Address **6 SUGARBERRY CIR**

City

**HOUSTON**

State

**TX**

Zip Code

**77024-7251**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**531.00**

**Transaction ID : SA17.179521**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**15.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2186 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

KATHLEEN RUDIS

Mailing Address 1860 CALIFORNIA ST NW  
APT 202

City	State	Zip Code
WASHINGTON	DC	20009-1855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMIOccupation  
COMPTROLLER & COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.157628**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

KATHLEEN RUDIS

Mailing Address 1860 CALIFORNIA ST NW  
APT 202

City	State	Zip Code
WASHINGTON	DC	20009-1855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMIOccupation  
COMPTROLLER & COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.163533**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

KATHLEEN RUDIS

Mailing Address 1860 CALIFORNIA ST NW  
APT 202

City	State	Zip Code
WASHINGTON	DC	20009-1855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMIOccupation  
COMPTROLLER & COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.173592**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2187 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. LINDSEY DEANN RUDLOFF**

Mailing Address 7526 MIDDLEWOOD ST

City	State	Zip Code
HOUSTON	TX	77063-1806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163195**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LEONARD RUDNICK**

Mailing Address 1206 CORDOVA AVE

City	State	Zip Code
GLENDALE	CA	91207-1735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.168740**

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LEONARD RUDNICK**

Mailing Address 1206 CORDOVA AVE

City	State	Zip Code
GLENDALE	CA	91207-1735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.174118**

Date of Receipt

MM / DD / YYYY  
12 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LEONARD RUDNICK**

Mailing Address 1206 CORDOVA AVE

City

GLENDALE

State

CA

Zip Code

91207-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.175125**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DIANE RUEBLING**

Mailing Address 19700 N 76TH ST  
APT 1169

City

SCOTTSDALE

State

AZ

Zip Code

85255-3847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE RUEBLING GROUP LLC

Occupation

EXECUTIVE BUSINESS COACHING

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

**Transaction ID : SA17.160100**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SCOTT RUED**

Mailing Address 26070 MANDEVILLA DR

City

BONITA SPRINGS

State

FL

Zip Code

34134-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCI EQUITY PARTNERS LLC

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.167388**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2600.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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16	<input checked="" type="checkbox"/> 17a	17b	17c	17d	18
19a	19b	20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MR. JEAN-LUK RUEDA

Mailing Address 8001 GRAND BND

City

SAN ANTONIO

State

TX

Zip Code

78250-2854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164400**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MR. GABRIEL RUIZ DE CHAVEZ

Mailing Address 4145 W ALAMOS AVE

City

FRESNO

State

CA

Zip Code

93722-3939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161184**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

ADRIAN RULE III

Mailing Address 90 PHEASANT RUN DR

City

CHAGRIN FALLS

State

OH

Zip Code

44022-2990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.167198**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3300.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2190 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ADRIAN RULE III**

Mailing Address 90 PHEASANT RUN DR

City

CHAGRIN FALLS

State

OH

Zip Code

44022-2990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.172207**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ADRIAN RULE III**

Mailing Address 90 PHEASANT RUN DR

City

CHAGRIN FALLS

State

OH

Zip Code

44022-2990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.177819**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ADRIAN RULE III**

Mailing Address 90 PHEASANT RUN DR

City

CHAGRIN FALLS

State

OH

Zip Code

44022-2990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.179653**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2191 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM RURODE**

Mailing Address **2130 P ST NW**  
**APT 916**

City **WASHINGTON** State **DC** Zip Code **20037-1060**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.155277**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM RURODE**

Mailing Address **2130 P ST NW**  
**APT 916**

City **WASHINGTON** State **DC** Zip Code **20037-1060**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.163063**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL RUSING**

Mailing Address **6363 N SWAN RD**  
**STE 151**

City **TUCSON** State **AZ** Zip Code **85718-3637**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RUSING, LOPEZ AND LIZARI**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172446**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**775.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES A. RUSS SR.**

Mailing Address 200 THE POINT LN

City

STEVENSVILLE

State

MD

Zip Code

21666-3977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MTBMA

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.162115**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES A. RUSS SR.**

Mailing Address 200 THE POINT LN

City

STEVENSVILLE

State

MD

Zip Code

21666-3977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MTBMA

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.177781**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES A. RUSS SR.**

Mailing Address 200 THE POINT LN

City

STEVENSVILLE

State

MD

Zip Code

21666-3977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MTBMA

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.179489**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LAURENCE RUSSELL**

Mailing Address 1674 WRIGHTSTOWN RD

City  
**NEWTOWN**

State Zip Code  
**PA 18940-2814**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ACGME**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.177554**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARY RUSSELL**

Mailing Address 1328 N MONTVIEW DR

City  
**FAYETTEVILLE**

State Zip Code  
**AR 72701-2867**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.156843**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY RUSSO**

Mailing Address 2339 HIGHLAND HILLS DR

City  
**EL DORADO HILLS**

State Zip Code  
**CA 95762-5601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RUSO MILLER & ASSOCIATES**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.163036**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAY RUTHERFORD**

Mailing Address **777 MAIN ST**  
**STE 2100**

City State Zip Code  
**FORT WORTH TX 76102-5366**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JACKSON WALKER**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.168105**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MELISSA RUTLAND**

Mailing Address **214 38TH AVE NE**

City State Zip Code  
**SAINT PETERSBURG FL 33704-1516**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHSTAR REALTY**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.169806**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANTHONY RYAN**

Mailing Address **200 WEST ST**

City State Zip Code  
**NEW YORK NY 10282-2102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ARROWSTREET CAPITAL**

Occupation  
**INVESTMENT MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174877**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CORBETT M. W. RYAN**

Mailing Address **150 N MICHIGAN AVE**  
**STE 2100**

City **CHICAGO** State **IL** Zip Code **60601-7559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AON CORPORATION**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178963**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID RYAN**

Mailing Address **26 WHITE OAK ROAD**

City **WELLESLEY** State **MA** Zip Code **02481**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174616**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES P. RYAN**

Mailing Address **180 LINDEN ST**

City **HOLYOKE** State **MA** Zip Code **01040-3203**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.160305**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES P. RYAN**

Mailing Address 180 LINDEN ST

City	State	Zip Code
HOLYOKE	MA	01040-3203

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.165328**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES P. RYAN**

Mailing Address 180 LINDEN ST

City	State	Zip Code
HOLYOKE	MA	01040-3203

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.167454**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES P. RYAN**

Mailing Address 180 LINDEN ST

City	State	Zip Code
HOLYOKE	MA	01040-3203

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.169277**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2197 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES P. RYAN**

Mailing Address 180 LINDEN ST

City

HOLYOKE

State

MA

Zip Code

01040-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.173172**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES P. RYAN**

Mailing Address 180 LINDEN ST

City

HOLYOKE

State

MA

Zip Code

01040-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.177249**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JASON RYAN**

Mailing Address 6922 VAN ETEN ST

City

HOUSTON

State

TX

Zip Code

77021-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTERPOINT ENERGY

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162014**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2198 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PATRICK G. RYAN SR.**

Mailing Address 1001 GREEN BAY RD

City	State	Zip Code
WINNETKA	IL	60093-1721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178259**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. PATRICK G. RYAN SR.**

Mailing Address 1001 GREEN BAY RD

City	State	Zip Code
WINNETKA	IL	60093-1721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178259B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. SHIRLEY ANN RYAN**

Mailing Address 1001 GREEN BAY RD

City	State	Zip Code
WINNETKA	IL	60093-1721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PATHWAYS

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178275**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2199 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL RYDBERG**

Mailing Address **186 ATHERTON AVE**

City

**ATHERTON**

State

**CA**

Zip Code

**94027-4021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GOLDMAN SACHS**

Occupation  
**PRIVATE WEALTH MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158285**

Date of Receipt

**10 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BILAL SAAD**

Mailing Address **19517 PARKE LN**

City

**GROSSE ILE**

State

**MI**

Zip Code

**48138-1025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MICHIGAN FUELS, INC.**

Occupation  
**CEO/PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158605**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JUDITH SABELLA**

Mailing Address **8011 120TH PL SE**

City

**NEWCASTLE**

State

**WA**

Zip Code

**98056-4409**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.160546**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2200 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JUDITH SABELLA**

Mailing Address 8011 120TH PL SE

City

NEWCASTLE

State

WA

Zip Code

98056-4409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171422**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JUDITH SABELLA**

Mailing Address 8011 120TH PL SE

City

NEWCASTLE

State

WA

Zip Code

98056-4409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.178652**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELFAT SADAT**

Mailing Address 2 SARAH CT

City

SEEKONK

State

MA

Zip Code

02771-3242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177246**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2201 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAZEN A. SADAT**

Mailing Address **315 MONTANA AVE**  
**APT 205**

City State Zip Code  
**SANTA MONICA CA 90403-1253**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KMICRO TECH, INC.**

Occupation  
**VP TECH SERVICES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.181132**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KELLEY SADLOWSKI**

Mailing Address **500 N WEST SHORE BLVD**  
**STE 750**

City State Zip Code  
**TAMPA FL 33609-1985**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.158636**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM A. SADLOWSKI**

Mailing Address **500 N WEST SHORE BLVD**  
**STE 750**

City State Zip Code  
**TAMPA FL 33609-1985**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FRANKLIN STREET**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.158663**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**7700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2202 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARY SAGE**

Mailing Address 11019 CHEVY CHASE DR

City

HOUSTON

State

TX

Zip Code

77042-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OFFICE OF GEORGE H. W. BUSH

Occupation

OFFICE MANAGER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.164417**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. HARVINDER SAHOTA**

Mailing Address 9810 PARK ST

City

BELLFLOWER

State

CA

Zip Code

90706-5936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

MEDICAL DOCTOR

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162935**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JUHI SAIGAL-SHAH**

Mailing Address 210 LOCUST ST  
PENTHOUSE ONE

City

PHILADELPHIA

State

PA

Zip Code

19106-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165748**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2203 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GREGORY SAIKIN**

Mailing Address 5422 VENICE ST

City  
HOUSTON

State Zip Code  
TX 77007-8120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BAKERHOSTETLER

Occupation  
ATTORNEY/PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159145**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. HELEN W. SAINO**

Mailing Address 5214 CHOCTAW AVE

City  
PENSACOLA

State Zip Code  
FL 32507-8713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.165829**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALEXANDER SAINT-AMAND**

Mailing Address 60 E 42ND ST

City  
NEW YORK

State Zip Code  
NY 10165-0006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GLG

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.177293**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

6900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2204 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

KEN SAJNAJ

Mailing Address 5900 N KOLMAR AVE

City  
CHICAGOState  
ILZip Code  
60646-5808FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLORAL EXPRESSOccupation  
TRANSPORTATION MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157325**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

THERESA SAJNAJ

Mailing Address 5900 N KOLMAR AVE

City  
CHICAGOState  
ILZip Code  
60646-5808FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVENUE TRAVEL AMERICAN EXPRESSOccupation  
TRAVEL SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157324**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

RYAN SAKACS

Mailing Address 215 E95TH STREET, 18M

City  
NEW YORKState  
NYZip Code  
10128-FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OFFICE OF THE SPECIAL NARCOTICS  
PROSECOccupation  
ASSISTANT DISTRICT ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158968**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

750.00

Total This Period (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2205 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSEPH SALADINO**

Mailing Address 495 BROADWAY

City  
NEW YORK

State Zip Code  
NY 10012-4457

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CPM ENTERPRISE

Occupation  
FITNESS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169893**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MAY SALAMEH**

Mailing Address 5 DATER LN

City  
SADDLE RIVER

State Zip Code  
NJ 07458-2912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172976**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LORRAINE SALAZAR-VASQUEZ**

Mailing Address 1691 W FIR AVE

City  
FRESNO

State Zip Code  
CA 93711-7122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAL'S MEXICAN RESTAURANT

Occupation  
CO-OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163207**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2206 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CARISSA A. SALDANA**

Mailing Address 12206 STABLE ROAD DR

City

SAN ANTONIO

State

TX

Zip Code

78249-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164402**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KHALED SALEM**

Mailing Address 1 RIVERWAY

STE 1870

City

HOUSTON

State

TX

Zip Code

77056-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WILLIAMSBURG ENTERPRISES

Occupation

FOUNDER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159408**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSE EDUARDO SALINAS**

Mailing Address 500 E 9TH ST

City

MISSION

State

TX

Zip Code

78572-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOLLIS RUTLEDGE & ASSOCIATES, INC

Occupation

PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.142191**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2750.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2207 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSE EDUARDO SALINAS**

Mailing Address 500 E 9TH ST

City	State	Zip Code
MISSION	TX	78572-4204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOLLIS RUTLEDGE & ASSOCIATES, INC**

Occupation  
**PRINCIPAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.142191B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-50.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSE EDUARDO SALINAS**

Mailing Address 500 E 9TH ST

City	State	Zip Code
MISSION	TX	78572-4204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOLLIS RUTLEDGE & ASSOCIATES, INC**

Occupation  
**PRINCIPAL**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.165483**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**GUDELIA F. SALMAN**

Mailing Address 1405 SW 107TH AVE  
STE 301B

City	State	Zip Code
MIAMI	FL	33174-2532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165668**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2700.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2208 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MIKE SALMEN**

Mailing Address 1007 OVERLOOK RD

City	State	Zip Code
MENDOTA HEIGHTS	MN	55118-3652

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRANSWESTERN**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169880**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. LOUIS SALMUN**

Mailing Address 4273 NW 64TH DR

City	State	Zip Code
BOCA RATON	FL	33496-4018

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BOEHRINGER INGELHEIM**

Occupation  
**M.D.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1010.00

**Transaction ID : SA17.159673**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN E. SALO**

Mailing Address 291 MARLBOROUGH ST  
APT 2

City	State	Zip Code
BOSTON	MA	02116-1624

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157583**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

610.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2209 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN E. SALO**

Mailing Address **291 MARLBOROUGH ST**  
**APT 2**

City **BOSTON** State **MA** Zip Code **02116-1624**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172389**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD E. SALOMON**

Mailing Address **610 5TH AVE**  
**RM 506**

City **NEW YORK** State **NY** Zip Code **10020-2403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EAST END ADVISORS, LLC**

Occupation  
**MANAGING PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165418**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AHMAD SALTAGI**

Mailing Address **10333 AURORA CT**

City **FISHERS** State **IN** Zip Code **46038-5510**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INDIANA INTERNAL MEDICINE**

Occupation  
**DOCTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157661**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2210 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DANIA SALTAGI**

Mailing Address 10333 AURORA CT

City

FISHERS

State

IN

Zip Code

46038-5510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BUTLER UNIVERSITY

Occupation

PHYSICIAN ASSISTANT STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157665**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MOHAMAD SALTAGI**

Mailing Address 2218 ROME DR  
APT A

City

INDIANAPOLIS

State

IN

Zip Code

46228-3300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157664**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAUL SALVATORE**

Mailing Address 120 FOX LN

City

BEDFORD CORNERS

State

NY

Zip Code

10549-4804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PROSKAUER ROSE LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159124**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ODAIYAPPA SAMBANDAM**

Mailing Address 134 SEVILLE PL SW

City	State	Zip Code
PORT CHARLOTTE	FL	33952-9139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172992**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**OMAR SAMJI**

Mailing Address 717 TEXAS ST  
SUITE 3300

City	State	Zip Code
HOUSTON	TX	77002-2745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
JONES DAY	ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2025.00

**Transaction ID : SA17.163120**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL H. SAMSON**

Mailing Address 619 47TH AVE

City	State	Zip Code
SAN FRANCISCO	CA	94121-2407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
SELF-EMPLOYED	PRIVATE MONEY LENDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.163039**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2250.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2212 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NANCY SANANIKONE**

Mailing Address **1167 20TH AVE**

City <b>HONOLULU</b>	State <b>HI</b>	Zip Code <b>96816-4649</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.165716**

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NANCY SANANIKONE**

Mailing Address **1167 20TH AVE**

City <b>HONOLULU</b>	State <b>HI</b>	Zip Code <b>96816-4649</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.173629**

Date of Receipt

M M / D D / Y Y Y Y
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NANCY SANANIKONE**

Mailing Address **1167 20TH AVE**

City <b>HONOLULU</b>	State <b>HI</b>	Zip Code <b>96816-4649</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.180725**

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**350.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2213 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. VICTORIA G. SANBORN**

Mailing Address 2847 LONGLEAF RD

City	State	Zip Code
PANAMA CITY	FL	32405-2044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173107**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ANA SANCHEZ**

Mailing Address 7230 N BELVEDERE AVE

City	State	Zip Code
FRESNO	CA	93722-3407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STAMOULES PRODUCE

Occupation  
PERSONAL ASSISTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162370**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. DAFNE DIAZ SANCHEZ**

Mailing Address 16477 SW 67TH TER

City	State	Zip Code
MIAMI	FL	33193-5609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THALES BUILDERS

Occupation  
OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170083**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6400.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2214 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID SANCHEZ**

Mailing Address 16477 SW 67TH TER

City	State	Zip Code
MIAMI	FL	33193-5609

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THALES BUILDERS**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170082**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DEBORA SANCHEZ**

Mailing Address 15020 SW 53RD TER

City	State	Zip Code
MIAMI	FL	33185-4023

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ENCORE MUSIC ACADEMY**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170080**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FEDERICO J. SANCHEZ JR.**

Mailing Address 8390 SW 98TH ST

City	State	Zip Code
MIAMI	FL	33156-2461

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**GENERAL CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159262**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2215 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**MR. GABRIEL C. SANCHEZ-ZINNY**

Mailing Address 2220 20TH ST NW  
APT 73

City State Zip Code  
WASHINGTON DC 20009-5015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLUE STAR STRATEGIES**

Occupation  
**MANAGING PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158858**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. JAVIER SANCHEZ**

Mailing Address 101 SW 36TH CT  
APT 103

City State Zip Code  
MIAMI FL 33135-4150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162993**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**OMAR SANCHEZ**

Mailing Address 16241 SW 62ND TER

City State Zip Code  
MIAMI FL 33193-4470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BROADCAST CONCEPTS, INC**

Occupation  
**EMPLOYEE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

286.00

**Transaction ID : SA17.158140**

Date of Receipt

M M / D D / Y Y Y Y  
10 10 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1501.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2216 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**OMAR SANCHEZ**

Mailing Address 16241 SW 62ND TER

City	State	Zip Code
MIAMI	FL	33193-4470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BROADCAST CONCEPTS, INC**

Occupation  
**EMPLOYEE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

286.00

**Transaction ID : SA17.163633**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**OMAR SANCHEZ**

Mailing Address 16241 SW 62ND TER

City	State	Zip Code
MIAMI	FL	33193-4470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BROADCAST CONCEPTS, INC**

Occupation  
**EMPLOYEE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

286.00

**Transaction ID : SA17.168156**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**OMAR SANCHEZ**

Mailing Address 16241 SW 62ND TER

City	State	Zip Code
MIAMI	FL	33193-4470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BROADCAST CONCEPTS, INC**

Occupation  
**EMPLOYEE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

286.00

**Transaction ID : SA17.171492**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2217 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**OMAR SANCHEZ**

Mailing Address 16241 SW 62ND TER

City	State	Zip Code
MIAMI	FL	33193-4470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BROADCAST CONCEPTS, INC**

Occupation  
**EMPLOYEE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

286.00

**Transaction ID : SA17.178735**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SANTIAGO SANCHEZ**

Mailing Address 7230 N BELVEDERE AVE

City	State	Zip Code
FRESNO	CA	93722-3407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STAMOULES PRODUCE**

Occupation  
**ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162369**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**COREY SANDERS**

Mailing Address 14 RIDGE BLOSSOM RD

City	State	Zip Code
LAS VEGAS	NV	89135-3284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MGM RESORTS INTERNATIONAL**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169667**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2218 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE DOUGLAS SANDERS**

Mailing Address 1311 NANTUCKET DR

City	State	Zip Code
HOUSTON	TX	77057-1907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PROFESSIONAL GOLFER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161773**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. HERSCHEL R. SANDERS JR.**

Mailing Address 390 COUNTY ROAD 1526

City	State	Zip Code
MORGAN	TX	76671-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.164135**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL A. SANDERS**

Mailing Address 1100 S MAIN ST

City	State	Zip Code
KINGFISHER	OK	73750-4420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STATE OF OKLAHOMA**

Occupation  
**STATE REPRESENTATIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

474.00

**Transaction ID : SA17.165419**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

450.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2219 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL A. SANDERS**

Mailing Address 1100 S MAIN ST

City	State	Zip Code
KINGFISHER	OK	73750-4420

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STATE OF OKLAHOMA

Occupation  
STATE REPRESENTATIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

474.00

**Transaction ID : SA17.181141**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SCOTT SANDERS**

Mailing Address 60 EDGEWATER DR  
APT LE

City	State	Zip Code
CORAL GABLES	FL	33133-6971

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FLORIDA EAST COAST INDUSTRIES

Occupation  
DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169838**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SCOTT SANDERS**

Mailing Address 4000 N CHARLES ST

City	State	Zip Code
BALTIMORE	MD	21218-1760

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CORNERSTONE

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.177664**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2220 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SCOTT SANDERS**

Mailing Address 4000 N CHARLES ST

City	State	Zip Code
BALTIMORE	MD	21218-1760

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CORNERSTONE**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.177665**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT SANDERS**

Mailing Address 4000 N CHARLES ST

City	State	Zip Code
BALTIMORE	MD	21218-1760

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CORNERSTONE**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.179235**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM SANDERS**

Mailing Address 920 BROADMOOR DR

City	State	Zip Code
EL PASO	TX	79912-3323

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STRATEGIC GROWTH BANK**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177341**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

355.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2221 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ADAM SANDLER**

Mailing Address PO BOX 306

City

ASHLAND

State

OR

Zip Code

97520-0011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SANTA MONICA PIER ELMO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.164054**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ADAM SANDLER**

Mailing Address PO BOX 306

City

ASHLAND

State

OR

Zip Code

97520-0011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SANTA MONICA PIER ELMO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.172004**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ADAM SANDLER**

Mailing Address PO BOX 306

City

ASHLAND

State

OR

Zip Code

97520-0011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SANTA MONICA PIER ELMO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.179243**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2222 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STUART M. SANDLER**

Mailing Address **215 S WASHINGTON SQ**  
**STE 160**

City **LANSING** State **MI** Zip Code **48933-1887**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GRAND RIVER STRATEGIES LLC**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.168195**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SALVADOR A. SANDOVAL**

Mailing Address **731 EMERSON AVE**

City **CALEXICO** State **CA** Zip Code **92231-3101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.158345**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**40.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SALVADOR A. SANDOVAL**

Mailing Address **731 EMERSON AVE**

City **CALEXICO** State **CA** Zip Code **92231-3101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.168210**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**30.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1070.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2223 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SALVADOR A. SANDOVAL**

Mailing Address 731 EMERSON AVE

City	State	Zip Code
CALEXICO	CA	92231-3101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.174471**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

60.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**STEFANIE SANFORD**

Mailing Address 17210 MAJESTIC RIDGE RD

City	State	Zip Code
AUSTIN	TX	78738-1200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COLLEGE BOARD

Occupation  
EDUCATION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158315**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM SANFORD**

Mailing Address 801 W BAY ST

City	State	Zip Code
JACKSONVILLE	FL	32204-1605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169835**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5460.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2224 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JERRY H. SANSOM**

Mailing Address PO BOX 98

City

COCOA

State

FL

Zip Code

32923-0098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

GOVT. RELATIONS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.162788**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JERRY H. SANSOM**

Mailing Address PO BOX 98

City

COCOA

State

FL

Zip Code

32923-0098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

GOVT. RELATIONS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.171251**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JERRY H. SANSOM**

Mailing Address PO BOX 98

City

COCOA

State

FL

Zip Code

32923-0098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

GOVT. RELATIONS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.178610**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2225 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL SANTACATERINA**

Mailing Address **616 FULTON ST**

City <b>GENEVA</b>	State <b>IL</b>	Zip Code <b>60134-2653</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SUNCAST CORPORATION**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.158514**

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. CONRAD SANTIAGO**

Mailing Address **5086 SAILWIND CIR**

City <b>ORLANDO</b>	State <b>FL</b>	Zip Code <b>32810-1839</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AMERICAN EXPRESS**

Occupation  
**SENIOR FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.162866**

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DANA SANTINO**

Mailing Address **7111 FAIRWAY DR**  
**STE 302**

City <b>PALM BEACH GARDENS</b>	State <b>FL</b>	Zip Code <b>33418-4206</b>
-----------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173714**

Date of Receipt

M M / D D / Y Y Y Y
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**2000.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2226 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANE SANTI**

Mailing Address 4936 DEEPWOOD DR

City  
TROY

State  
MI

Zip Code  
48098-4198

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160083**

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HERB SANTOS JR.**

Mailing Address 14205 PRAIRIE FLOWER CT

City  
RENO

State  
NV

Zip Code  
89511-6710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.157669**

Date of Receipt

MM / DD / YYYY  
10 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH M. SANZARI**

Mailing Address 90 W FRANKLIN ST

City  
HACKENSACK

State  
NJ

Zip Code  
07601-5224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JOSEPH M. SANZARI, INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175373**

Date of Receipt

MM / DD / YYYY  
12 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2227 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIMOTHY SAPP**

Mailing Address 3981STEFANI RD

City

CANTONMENT

State

FL

Zip Code

32533-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW TECH ENGINEERS

Occupation

INVESTIGATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2258.00

**Transaction ID : SA17.163546**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIMOTHY SAPP**

Mailing Address 3981STEFANI RD

City

CANTONMENT

State

FL

Zip Code

32533-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW TECH ENGINEERS

Occupation

INVESTIGATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2258.00

**Transaction ID : SA17.165831**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIMOTHY SAPP**

Mailing Address 3981STEFANI RD

City

CANTONMENT

State

FL

Zip Code

32533-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW TECH ENGINEERS

Occupation

INVESTIGATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2258.00

**Transaction ID : SA17.165839**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

875.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2228 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIMOTHY SAPP**

Mailing Address 3981STEFANI RD

City	State	Zip Code
CANTONMENT	FL	32533-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NEW TECH ENGINEERS**

Occupation  
**INVESTIGATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2258.00

**Transaction ID : SA17.167928**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

132.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIMOTHY SAPP**

Mailing Address 3981STEFANI RD

City	State	Zip Code
CANTONMENT	FL	32533-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NEW TECH ENGINEERS**

Occupation  
**INVESTIGATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2258.00

**Transaction ID : SA17.170269**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIMOTHY SAPP**

Mailing Address 3981STEFANI RD

City	State	Zip Code
CANTONMENT	FL	32533-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NEW TECH ENGINEERS**

Occupation  
**INVESTIGATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2258.00

**Transaction ID : SA17.171475**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1382.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2229 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIMOTHY SAPP**

Mailing Address 3981 STEFANI RD

City	State	Zip Code
CANTONMENT	FL	32533-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEW TECH ENGINEERS**

Occupation  
**INVESTIGATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2258.00

**Transaction ID : SA17.171950**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HAITHAM K. SARAFA**

Mailing Address 31898 BRISTOL LN

City	State	Zip Code
FARMINGTON HILLS	MI	48334-2921

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STEWART CAPITAL MANAGEMENT**

Occupation  
**COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163000**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH D. SARAFA**

Mailing Address 11123 S BUGAI RD

City	State	Zip Code
TRAVERSE CITY	MI	49684-7445

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STEWART EXECUTIVE MANAGEMENT**

Occupation  
**PROPERTY MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162896**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5401.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2230 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KELLEY SARAFI**

Mailing Address 11123 S BUGAI RD

City

TRAVERSE CITY

State

MI

Zip Code

49684-7445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162883**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NICHOLAS SARCHESI**

Mailing Address 18 SOUTH CT

City

PORT WASHINGTON

State

NY

Zip Code

11050-3406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SHENKMAN CAPITAL

Occupation

PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163102**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VICKEY SARE**

Mailing Address 1500 LOUISIANA ST

City

HOUSTON

State

TX

Zip Code

77002-7308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CHEVRON

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

**Transaction ID : SA17.170220**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2231 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VICKEY SARE**

Mailing Address 1500 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002-7308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHEVRON**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1050.00**

**Transaction ID : SA17.176521**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VICKEY SARE**

Mailing Address 1500 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002-7308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHEVRON**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1050.00**

**Transaction ID : SA17.177772**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EVA SARKES**

Mailing Address 12211 WORTHINGTON RD

City  
**OWINGS MILLS**

State  
**MD**

Zip Code  
**21117-1039**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173120**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2232 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GEORGE SARKES**

Mailing Address 12211 WORTHINGTON RD

City	State	Zip Code
OWINGS MILLS	MD	21117-1039

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173121**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HAYWOOD SARKES**

Mailing Address 12211 WORTHINGTON RD

City	State	Zip Code
OWINGS MILLS	MD	21117-1039

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173119**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARY S. SARKES**

Mailing Address 12211 WORTHINGTON RD

City	State	Zip Code
OWINGS MILLS	MD	21117-1039

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169800**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2233 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEFFREY SARNACKI**

Mailing Address 535 GRISWOLD ST

City

DETROIT

State

MI

Zip Code

48226-3604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
QUICKEN LOANS

Occupation  
TL EMERGENCY SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.159502**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEFFREY SARNACKI**

Mailing Address 535 GRISWOLD ST

City

DETROIT

State

MI

Zip Code

48226-3604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
QUICKEN LOANS

Occupation  
TL EMERGENCY SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.168653**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEFFREY SARNACKI**

Mailing Address 535 GRISWOLD ST

City

DETROIT

State

MI

Zip Code

48226-3604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
QUICKEN LOANS

Occupation  
TL EMERGENCY SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.176890**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILLIP SAROFIM**

Mailing Address 909 FANNIN ST  
STE 3820

City HOUSTON State TX Zip Code 77010-1030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HIGHGATE POWER LLC

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162581**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILLIP SAROFIM**

Mailing Address 909 FANNIN ST  
STE 3820

City HOUSTON State TX Zip Code 77010-1030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HIGHGATE POWER LLC

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163119**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**LORI KROHN SAROFIM**

Mailing Address 909 FANNIN ST  
STE 3820

City HOUSTON State TX Zip Code 77010-1030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174338**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2235 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILLIP SAROFIM**

Mailing Address 909 FANNIN ST  
STE 3820

City HOUSTON State TX Zip Code 77010-1030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HIGHGATE POWER LLC

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163119B**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-300.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**LELA J. SARRELL**

Mailing Address 300 FAIRWAY DR

City ANNISTON State AL Zip Code 36207-6214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.167305**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LELA J. SARRELL**

Mailing Address 300 FAIRWAY DR

City ANNISTON State AL Zip Code 36207-6214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172047**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

50.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LELA J. SARRELL**

Mailing Address 300 FAIRWAY DR

City

ANNISTON

State

AL

Zip Code

36207-6214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

REALTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179509**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN SAUCIER**

Mailing Address 306 ARLINGTON DR

City

METAIRIE

State

LA

Zip Code

70001-5512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JOHNSON RICE & CO

Occupation

STOCKBROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174268**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BERNARD FRANCIS SAUL III**

Mailing Address 7700 OLD GEORGETOWN RD  
STE 700

City

BETHESDA

State

MD

Zip Code

20814-6244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SAUL INVESTMENT GROUP, LLC

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.164375**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4075.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2237 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL J. SAUNDERS**

Mailing Address 6211 26TH RD N

City  
ARLINGTON

State Zip Code  
VA 22207-1001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CENTER FOR THE NATIONAL INTEREST

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173059**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FRANCIS M. SAUVAGEAU**

Mailing Address 4161 CENTERVILLE RD

City  
VADNAIS HEIGHTS

State Zip Code  
MN 55127-7812

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MERIDIAN BEHAVIORAL HEALTH, LLC

Occupation  
PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173538**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES SAWICKI**

Mailing Address PO BOX 439

City  
WILLOW STREET

State Zip Code  
PA 17584-0439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.181757**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2238 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY BETH SAYLOR**

Mailing Address 1121 VININGS FALLS DR SE  
SUITE 600

City State Zip Code  
SMYRNA GA 30080-5895

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WINDHAM BRANNON, P.C

Occupation  
CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

**Transaction ID : SA17.159731**

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN SAYRE**

Mailing Address 205 E 2ND ST  
P.O. BOX 235

City State Zip Code  
MILAN MO 63556-1333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SCPL

Occupation  
DIR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172664**

Date of Receipt

M M / D D / Y Y Y Y  
11 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL V. SCALZO**

Mailing Address 715 PECAN DR

City State Zip Code  
PHILADELPHIA PA 19115-2817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALERT MANAGEMENT COMPANY

Occupation  
MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

455.00

**Transaction ID : SA17.158702**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

105.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2239 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL V. SCALZO**

Mailing Address 715 PECAN DR

City

PHILADELPHIA

State

PA

Zip Code

19115-2817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ALERT MANAGEMENT COMPANY

Occupation

MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

455.00

**Transaction ID : SA17.171811**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

70.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL V. SCALZO**

Mailing Address 715 PECAN DR

City

PHILADELPHIA

State

PA

Zip Code

19115-2817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ALERT MANAGEMENT COMPANY

Occupation

MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

455.00

**Transaction ID : SA17.174467**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALEXANDER SCARAMUCCI**

Mailing Address 17 PARKWOODS RD

City

MANHASSET

State

NY

Zip Code

11030-1509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GOOGLE

Occupation

ASSOCIATE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173379**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2240 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AMELIA SCARAMUCCI**

Mailing Address **17 PARKWOODS RD**

City

**MANHASSET**

State

**NY**

Zip Code

**11030-1509**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STUDENT**

Occupation

**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.180060**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID A. SCARAMUCCI**

Mailing Address **177 BOURNDALE RD N**

City

**PLANDOME**

State

**NY**

Zip Code

**11030-1963**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CROWNBRIDGE ASSET MANAGEMENT**

Occupation

**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174082**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

**SEE REATTRIBUTION**

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID A. SCARAMUCCI**

Mailing Address **177 BOURNDALE RD N**

City

**PLANDOME**

State

**NY**

Zip Code

**11030-1963**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**CROWNBRIDGE ASSET MANAGEMENT**

Occupation

**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174082B**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2241 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. REBECCA E. SCARAMUCCI**

Mailing Address 177 BOURDALE RD N

City	State	Zip Code
PLANDOME	NY	11030-1963

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174083**

Date of Receipt

**12 / 07 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**LYNN SCARLETT**

Mailing Address 830 S LINCOLN ST

City	State	Zip Code
ARLINGTON	VA	22204-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE NATURE CONSERVANCY

Occupation  
NGO EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164249**

Date of Receipt

**10 / 28 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. ELDA SCATTOLINI**

Mailing Address 8415 NW 116TH AVE

City	State	Zip Code
DORAL	FL	33178-2105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161249**

Date of Receipt

**10 / 20 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2800.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2242 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ELDA SCATTOLINI**

Mailing Address **8415 NW 116TH AVE**

City <b>DORAL</b>	State <b>FL</b>	Zip Code <b>33178-2105</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.173535**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS J. SCHACHT**

Mailing Address **1144 MILL CREEK DR**

City <b>SWITZERLAND</b>	State <b>FL</b>	Zip Code <b>32259-8972</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**ASSET MANAGEMENT RESOURCES**

**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170632**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LEAH E. SCHAEFER**

Mailing Address **9924 WELLINGTON WAY**

City <b>FORT SMITH</b>	State <b>AR</b>	Zip Code <b>72908-9059</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**RETIRED**

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.165374**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2243 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NELSON SCHAENEN JR.**

Mailing Address **56 MIDWOOD TER**

City <b>MADISON</b>	State <b>NJ</b>	Zip Code <b>07940-2735</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.177877**

Date of Receipt

M M / D D / Y Y Y Y
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD SCHAEFER**

Mailing Address **22 HANSEN CT**

City <b>NARBERTH</b>	State <b>PA</b>	Zip Code <b>19072-</b>
-------------------------	--------------------	---------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175236**

Date of Receipt

M M / D D / Y Y Y Y
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JENNY SCHALLIOL**

Mailing Address **12942 BRIGHTON AVE**

City <b>CARMEL</b>	State <b>IN</b>	Zip Code <b>46032-9668</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1025.00**

**Transaction ID : SA17.157326**

Date of Receipt

M M / D D / Y Y Y Y
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**3950.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 2244 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

JENNY SCHALLIOL

Mailing Address 12942 BRIGHTON AVE

City  
CARMELState Zip Code  
IN 46032-9668FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

**Transaction ID : SA17.160910**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MR. MARC SCHECHTER

Mailing Address 251 PIERCE ST

City  
BIRMINGHAMState Zip Code  
MI 48009-6044FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHECHTER WEALTHOccupation  
SENIOR MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161793**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MARISA SCHEEF

Mailing Address 7002 50TH ST

City  
LUBBOCKState Zip Code  
TX 79407-5112FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163309**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1525.00

Total This Period (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2245 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MIYUKI SCHEIDEL**

Mailing Address PO BOX 305

City	State	Zip Code
PONTE VEDRA BEACH	FL	32004-0305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PLH GLOBAL

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173152**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES SCHELL**

Mailing Address 7501 ARABIAN CIR

City	State	Zip Code
FLOWER MOUND	TX	75022-6084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GRANITE CONSTRUCTION CO.

Occupation  
CIVIL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165236**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES SCHELL**

Mailing Address 7501 ARABIAN CIR

City	State	Zip Code
FLOWER MOUND	TX	75022-6084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GRANITE CONSTRUCTION CO.

Occupation  
CIVIL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.172780**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2246 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES SCHELL**

Mailing Address 7501 ARABIAN CIR

City

FLOWER MOUND

State

TX

Zip Code

75022-6084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GRANITE CONSTRUCTION CO.

Occupation

CIVIL ENGINEER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.180505**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CINDY SCHERER**

Mailing Address 4801 OAKWOOD CT

City

MIDLAND

State

TX

Zip Code

79707-2602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169476**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DEBORAH SCHER**

Mailing Address 264 HIGHWOOD AVE

City

TENAFLY

State

NJ

Zip Code

07670-1208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BUSINESS ACCELERATIONS, LLC

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158454**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2247 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PETER R. SCHERER**

Mailing Address 4801 OAKWOOD CT

City	State	Zip Code
MIDLAND	TX	79707-2602

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OIL & GAS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169519**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARK SCHIAVONI**

Mailing Address 6337 N 52ND PL

City	State	Zip Code
PARADISE VALLEY	AZ	85253-4156

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**APS**

Occupation  
**COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.155463**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JONNETTE L. SCHIPPER**

Mailing Address 1083 SUNSET HILLS CT NW

City	State	Zip Code
GRAND RAPIDS	MI	49534-3612

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EVERGREEN LAWN CARE & SNOW BLOWING INC**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

**Transaction ID : SA17.162957**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2248 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ERIC SCHLANGER**

Mailing Address 56 SAW MILL RD

City	State	Zip Code
COLD SPRING HARBOR	NY	11724-2309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BARCLAYS**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157329**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY S. SCHLEHER**

Mailing Address 1401 ODLUM DR SE

City	State	Zip Code
ALBUQUERQUE	NM	87108-5149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMERICAN SYSTEMS**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.162533**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK E. SCHLUSSEL**

Mailing Address 28755 BELL RD

City	State	Zip Code
SOUTHFIELD	MI	48034-2078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCHLUSSEL & SCHEFINAR**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162157**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2249 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID B. SCHMIDT**

Mailing Address 1410 HARLE PL SW

City  
**LEESBURG**

State Zip Code  
**VA 20175-5800**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INTERNATIONAL FOOD INFORMATION COUNCIL**

Occupation  
**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.161145**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AARON SCHNEIDER**

Mailing Address 6361 PELICAN BAY BLVD  
APT 1205

City  
**NAPLES**

State Zip Code  
**FL 34108-7136**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCHNEIDER INVEST**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174824**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVEN SCHNEIDER**

Mailing Address 4572 BONTERRA LN

City  
**WEST LAFAYETTE**

State Zip Code  
**IN 47906-8748**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PURDUE UNIVERSITY**

Occupation  
**AEROSPACE ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.165134**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2250 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEVEN SCHNEIDER**

Mailing Address 4572 BONTERRA LN

City	State	Zip Code
WEST LAFAYETTE	IN	47906-8748

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PURDUE UNIVERSITY

Occupation  
AEROSPACE ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.172631**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVEN SCHNEIDER**

Mailing Address 4572 BONTERRA LN

City	State	Zip Code
WEST LAFAYETTE	IN	47906-8748

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PURDUE UNIVERSITY

Occupation  
AEROSPACE ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.176294**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVEN SCHNEIDER**

Mailing Address 4572 BONTERRA LN

City	State	Zip Code
WEST LAFAYETTE	IN	47906-8748

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PURDUE UNIVERSITY

Occupation  
AEROSPACE ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.180064**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2251 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY SCHOCK**

Mailing Address 8790 TORRINGTON DR

City	State	Zip Code
ROSWELL	GA	30076-3962

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIGHTNING CAPITAL CONSULTING**

Occupation  
**BUSINESS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158570**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CHARLOTTE SCHOENFELD**

Mailing Address 781 5TH AVE

City	State	Zip Code
NEW YORK	NY	10022-1092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170679**

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LARRY L. SCHOENBRUN**

Mailing Address 1601 ELM ST  
STE 3000

City	State	Zip Code
DALLAS	TX	75201-4757

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GARDERE WYNNE SEWELL LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165452**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2252 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PETER SCHOENFELD**

Mailing Address 781 5TH AVE

City  
NEW YORK

State Zip Code  
NY 10022-1092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PSAM

Occupation  
INVESTMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170678**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. DAWN E. SCHOKMAN**

Mailing Address 347 N ARNAZ ST

City  
OJAI

State Zip Code  
CA 93023-1567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166410**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MATT SCHOLIN**

Mailing Address 5114 WALNUT HILLS DR

City  
KINGWOOD

State Zip Code  
TX 77345-2422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HILCORP ENERGY

Occupation  
A&D ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163132**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2253 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH R. SCHORTZ**

Mailing Address 3977 LA COSTA ISLAND CT

City	State	Zip Code
PUNTA GORDA	FL	33950-8152

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169811**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAY SCHREIBMAN**

Mailing Address 3518 ERIE DR

City	State	Zip Code
ORCHARD LAKE	MI	48324-1522

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LSG INSURANCE PARTNERS**

Occupation  
**INSURANCE AGENCY OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161792**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ZACHARY J. SCHREIBER**

Mailing Address 1030 5TH AVE  
APT 9W

City	State	Zip Code
NEW YORK	NY	10028-0136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**POINT STATE CAPITAL LP**

Occupation  
**CHAIRMAN & CIO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.181122**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2254 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HERBERT L. SCHROCK**  
Mailing Address 1517 ROCKLAND RD

City State Zip Code  
WILMINGTON DE 19803-3624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.159316**

Date of Receipt

M M / D D / Y Y Y Y  
10 15 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. HERBERT L. SCHROCK**  
Mailing Address 1517 ROCKLAND RD

City State Zip Code  
WILMINGTON DE 19803-3624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

**Transaction ID : SA17.164466**

Date of Receipt

M M / D D / Y Y Y Y  
10 29 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN L. SCHROEDER**  
Mailing Address 1 NORTHGATE  
APT 3A

City State Zip Code  
BRONXVILLE NY 10708-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.174491**

Date of Receipt

M M / D D / Y Y Y Y  
12 08 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

300.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2255 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICIA SCHROEDER**

Mailing Address 4135 GORDON DR

City  
NAPLES

State Zip Code  
FL 34102-7905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.173881**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICIA SCHROEDER**

Mailing Address 4135 GORDON DR

City  
NAPLES

State Zip Code  
FL 34102-7905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.181678**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WAYNE A. SCHROEDER**

Mailing Address 5817 MADAKET RD

City  
BETHESDA

State Zip Code  
MD 20816-3202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCKHEED MARTIN

Occupation  
MARKET RESEARCH PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174439**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2256 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA G. SCHUETTE**

Mailing Address 5812 WOODDUCK WAY

City	State	Zip Code
MIDLAND	MI	48642-8532

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163014**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. WILLIAM D. SCHUETTE**

Mailing Address 5812 WOODDUCK WAY

City	State	Zip Code
MIDLAND	MI	48642-8532

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STATE OF MICHIGAN

Occupation  
ATTORNEY GENERAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173235**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FREDERICK SCHULTZ**

Mailing Address 11620 PARTRIDGE RUN LN

City	State	Zip Code
POTOMAC	MD	20854-1218

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UBS

Occupation  
WEALTH ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162500**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2257 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RUSSELL SCHULZE**

Mailing Address 4051 DRUMMOND ST

City

HOUSTON

State

TX

Zip Code

77025-2309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

BAR OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171069**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM SCHULTZ**

Mailing Address 15815 55TH AVE N

City

PLYMOUTH

State

MN

Zip Code

55446-3753

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MERCHANT & GOULD P.C.

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171330**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. AMANDA E. SCHUMACHER**

Mailing Address 874 S COUNTY RD

City

PALM BEACH

State

FL

Zip Code

33480-4907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TREE OF LIFE FOUNDATION  
INTERNATIONAL

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158888**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2258 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES A. SCHUMACHER**

Mailing Address 874 S COUNTY RD

City

PALM BEACH

State

FL

Zip Code

33480-4907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SCHUMACHER AUTO GROUP

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158887**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. H. RICHARD SCHUMACHER**

Mailing Address 47 E 88TH ST  
APT 14A

City

NEW YORK

State

NY

Zip Code

10128-1152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.165965**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. H. RICHARD SCHUMACHER**

Mailing Address 47 E 88TH ST  
APT 14A

City

NEW YORK

State

NY

Zip Code

10128-1152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.172344**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2775.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2259 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JIM SCHUMACHER**

Mailing Address 8115 SPRING MILL RD

City	State	Zip Code
INDIANAPOLIS	IN	46260-2902

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GRE CAPITAL, LLC

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157659**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KURT L. SCHUMACHER**

Mailing Address 1616 E GRIFFIN PKWY

City	State	Zip Code
MISSION	TX	78572-3180

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ROW SURVEYING SERVICES

Occupation  
PROFESSIONAL LAND SURVEYOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.177882**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRET SCHUNDLER**

Mailing Address 299 VARICK ST

City	State	Zip Code
JERSEY CITY	NJ	07302-4021

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SCHOOL CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174632**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2260 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RUSSELL SCHUNDLER**

Mailing Address 26 POINT BREEZE RD

City

WOLFEBORO

State

NH

Zip Code

03894-4903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

445.00

**Transaction ID : SA17.165571**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RUSSELL SCHUNDLER**

Mailing Address 26 POINT BREEZE RD

City

WOLFEBORO

State

NH

Zip Code

03894-4903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

445.00

**Transaction ID : SA17.165887**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RUSSELL SCHUNDLER**

Mailing Address 26 POINT BREEZE RD

City

WOLFEBORO

State

NH

Zip Code

03894-4903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

445.00

**Transaction ID : SA17.168452**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

45.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

195.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2261 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RUSSELL SCHUNDLER**

Mailing Address 26 POINT BREEZE RD

City	State	Zip Code
WOLFEBORO	NH	03894-4903

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

445.00

**Transaction ID : SA17.173764**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ORVILLE SCHUTT**

Mailing Address 724 S BATAVIA AVE

City	State	Zip Code
GENEVA	IL	60134-3007

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.159095**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JERRY SCHUYLER**

Mailing Address 7220 COMANCHE TRL

City	State	Zip Code
AUSTIN	TX	78732-1011

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.159524**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2262 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ARTHUR SCHWARTZ**

Mailing Address **610 W 42ND ST**

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10036-1956**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AXIUM ADVISORS, LLC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173380**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ARTHUR M. SCHWABE JR.**

Mailing Address **16 DEER PARK MEADOW RD**

City  
**GREENWICH**

State  
**CT**

Zip Code  
**06830-3835**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PREMIER HHCS**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3800.00**

**Transaction ID : SA17.157607**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. ARTHUR M. SCHWABE JR.**

Mailing Address **16 DEER PARK MEADOW RD**

City  
**GREENWICH**

State  
**CT**

Zip Code  
**06830-3835**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PREMIER HHCS**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3800.00**

**Transaction ID : SA17.157607B**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-200.00**

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2263 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ARTHUR M. SCHWABE JR.**

Mailing Address 16 DEER PARK MEADOW RD

City	State	Zip Code
GREENWICH	CT	06830-3835

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PREMIER HHCS**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

**Transaction ID : SA17.165776B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-1100.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**MR. ARTHUR M. SCHWABE JR.**

Mailing Address 16 DEER PARK MEADOW RD

City	State	Zip Code
GREENWICH	CT	06830-3835

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PREMIER HHCS**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

**Transaction ID : SA17.165778**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1100.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MRS. KELLY L. SCHWABE**

Mailing Address 16 DEER PARK MEADOW RD

City	State	Zip Code
GREENWICH	CT	06830-3835

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165775**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2264 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DANIEL SCHWARTZ**

Mailing Address **1 SE 3RD AVE**  
**STE 2700**

City State Zip Code  
**MIAMI FL 33131-1715**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AKERMAN LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173712**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DANIEL SCHWARTZ**

Mailing Address **1715 TIGERTAIL AVE**

City State Zip Code  
**MIAMI FL 33133-3324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GLOBAL INVESTMENT SERVICES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175370**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EMMA SCHWARTZ**

Mailing Address **4914 OLMOS ST**

City State Zip Code  
**EL PASO TX 79922-3000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MEDICAL CENTER OF THE AMERICAS**  
**FOUNDED**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.177013**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2265 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GREGORY J. SCHWARTZ JR.**

Mailing Address 1753 PINE ST

City	State	Zip Code
BIRMINGHAM	MI	48009-1123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SCHWARTZ AND COMPANY

Occupation  
INVESTMENT ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162977**

Date of Receipt

**10 / 27 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY SCHWARTZ**

Mailing Address 8701 E SAN FELIPE DR

City	State	Zip Code
SCOTTSDALE	AZ	85258-2626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SCHWARTZ GROUP

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162060**

Date of Receipt

**10 / 23 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. TANIA SCHWARTZ**

Mailing Address 616 LINDA AVE

City	State	Zip Code
EL PASO	TX	79922-2019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MESA GROUP

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.178976**

Date of Receipt

**12 / 29 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4400.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2266 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOLORES SCHWEISS**

Mailing Address 4949 KINSALE CT

City

SMITHTON

State

IL

Zip Code

62285-3667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SCHWEISS INSURANCE AGENCY, INC

Occupation

INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.161636**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DOLORES SCHWEISS**

Mailing Address 4949 KINSALE CT

City

SMITHTON

State

IL

Zip Code

62285-3667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SCHWEISS INSURANCE AGENCY, INC

Occupation

INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.163781**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DOLORES SCHWEISS**

Mailing Address 4949 KINSALE CT

City

SMITHTON

State

IL

Zip Code

62285-3667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SCHWEISS INSURANCE AGENCY, INC

Occupation

INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.176837**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2267 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISS SCHWIDERSKI**

Mailing Address **4606 BELCLAIRE AVE**

City	State	Zip Code
DALLAS	TX	75209-6004

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FORSYTHE**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166281**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JENNIFER SCHWIDERSKI**

Mailing Address **4606 BELCLAIRE AVE**

City	State	Zip Code
DALLAS	TX	75209-6004

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**OPEX CAPITAL**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166282**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. SCHWOLSKY**

Mailing Address **1045 PARK AVE**  
**# 4A**

City	State	Zip Code
NEW YORK	NY	10028-1030

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WILLKIE FAIR & GALLAGHER LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.168557**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2268 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER J. SCHWYHART**

Mailing Address PO BOX 1396

City	State	Zip Code
BENTONVILLE	AR	72712-1396

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.156850**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER J. SCHWYHART**

Mailing Address PO BOX 1396

City	State	Zip Code
BENTONVILLE	AR	72712-1396

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.156850B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER J. SCHWYHART**

Mailing Address PO BOX 1396

City	State	Zip Code
BENTONVILLE	AR	72712-1396

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.173576**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2269 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DONALD SCOGGINS**

Mailing Address 5086 CANNON BLUFF DR

City	State	Zip Code
WOODBIDGE	VA	22192-5738

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.160539**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DONALD SCOGGINS**

Mailing Address 5086 CANNON BLUFF DR

City	State	Zip Code
WOODBIDGE	VA	22192-5738

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.175704**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DONALD SCOGGINS**

Mailing Address 5086 CANNON BLUFF DR

City	State	Zip Code
WOODBIDGE	VA	22192-5738

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

**Transaction ID : SA17.175705**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

501.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2270 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAREY SCOTT**

Mailing Address 1162 COVE POINTE DR

City

PANAMA CITY

State

FL

Zip Code

32401-3700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169565**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JADE A. SCOTT**

Mailing Address 761 EL DORADO PKWY

City

PLANTATION

State

FL

Zip Code

33317-3245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

FASHION BLOGGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158657**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SENATOR JAMES A. SCOTT**

Mailing Address 110 SE 6TH ST  
FL 15

City

FORT LAUDERDALE

State

FL

Zip Code

33301-5004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TRIPP SCOTT

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.174944**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2271 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**SENATOR JAMES A. SCOTT**

Mailing Address 110 SE 6TH ST  
FL 15

City State Zip Code  
FORT LAUDERDALE FL 33301-5004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRIPP SCOTT

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.174944B**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-1000.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**SENATOR JAMES A. SCOTT**

Mailing Address 110 SE 6TH ST  
FL 15

City State Zip Code  
FORT LAUDERDALE FL 33301-5004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRIPP SCOTT

Occupation  
CHAIRMAN

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.178136**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY T. SCOTT**

Mailing Address 25 KRISTIN PL

City State Zip Code  
OLD TAPPAN NJ 07675-7019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SULLIVAN & CROMWELL LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163018**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2700.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2272 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARGARET SCOTT**

Mailing Address 10 S BRIAR HOLLOW LN  
UNIT 95

City HOUSTON State TX Zip Code 77027-2891

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BELMONT VILLAGE SENIOR LIVING

Occupation  
SENIORS HOUSING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160460**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW H. SCOTT**

Mailing Address 761 EL DORADO PKWY

City PLANTATION State FL Zip Code 33317-3245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRIPPSCOTT, P.A.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158673**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**D. GRANT SEABOLT**

Mailing Address 5307 E MOCKINGBIRD LN  
FL 5

City DALLAS State TX Zip Code 75206-5109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SEABOLT LAW GROUP

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.168329**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2273 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL C. SEARCY**

Mailing Address **200 CRESCENT CT**  
**STE 1040**

City **DALLAS** State **TX** Zip Code **75201-2103**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRIVE CAPITAL**

Occupation  
**MANAGING PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.169801**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM SEARS**

Mailing Address **17 5TH ST SE**

City **WASHINGTON** State **DC** Zip Code **20003-1119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158043**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHRIS SEAVER**

Mailing Address **2200 WILLOWICK RD**

City **HOUSTON** State **TX** Zip Code **77027-3950**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162012**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2274 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JACQUELINE M. SEBASTIAN**

Mailing Address 1000 COLONY POINT CIR  
BLDG 2-514

City State Zip Code  
PEMBROKE PINES FL 33026-2937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165392**

Date of Receipt

**11 / 03 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JACQUELINE M. SEBASTIAN**

Mailing Address 1000 COLONY POINT CIR  
BLDG 2-514

City State Zip Code  
PEMBROKE PINES FL 33026-2937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.174750**

Date of Receipt

**12 / 09 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JACQUELINE M. SEBASTIAN**

Mailing Address 1000 COLONY POINT CIR  
BLDG 2-514

City State Zip Code  
PEMBROKE PINES FL 33026-2937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.176024**

Date of Receipt

**12 / 17 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2275 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**AMBASSADOR PETER F. SECCHIA**

Mailing Address 2833 BONNELL AVE SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-3129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SIBSCO, LLC

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.153917**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JOAN SECCHIA**

Mailing Address 2833 BONNELL AVE SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-3129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162303**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**AMBASSADOR PETER F. SECCHIA**

Mailing Address 2833 BONNELL AVE SE

City	State	Zip Code
GRAND RAPIDS	MI	49506-3129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SIBSCO, LLC

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162304**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2276 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GARY SEEHOFF**

Mailing Address 475 PANORAMA DR

City

LAGUNA BEACH

State

CA

Zip Code

92651-1225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

EVRIHOLDER PRODUCTS

Occupation

DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.171202**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GERALD W. SEELMAN**

Mailing Address 1714 VICTORIA WAY

City

SAN MARCOS

State

CA

Zip Code

92069-9401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AMEC FOSTER WHEELER

Occupation

ENGINEER/EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.178306**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GERALD W. SEELMAN**

Mailing Address 1714 VICTORIA WAY

City

SAN MARCOS

State

CA

Zip Code

92069-9401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AMEC FOSTER WHEELER

Occupation

ENGINEER/EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.181459**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2277 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BARRY SEGAL**

Mailing Address **6555 36TH PL**

City

**VERO BEACH**

State

**FL**

Zip Code

**32966-7814**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BARRY G. SEGAL, P.A.**

Occupation

**LAWYER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**525.00**

**Transaction ID : SA17.164487**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JUAN PABLO SEGURA**

Mailing Address **836 MACKALL AVE**

City

**MCLEAN**

State

**VA**

Zip Code

**22101-1614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ENTREPRENEUR**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157632**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JUAN PABLO SEGURA**

Mailing Address **836 MACKALL AVE**

City

**MCLEAN**

State

**VA**

Zip Code

**22101-1614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**ENTREPRENEUR**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173419**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2278 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEVEN M. SEIBERT**

Mailing Address 8048 EVENING STAR LN

City

TALLAHASSEE

State

FL

Zip Code

32312-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEIBERT LAW FIRM

Occupation

LAWYER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.180693**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**MS. ELEANOR C. SEIFERTH**

Mailing Address 12 LAUREL PLACE

City

SAN ANTONIO

State

TX

Zip Code

78209-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

338.00

**Transaction ID : SA17.164142**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ELEANOR C. SEIFERTH**

Mailing Address 12 LAUREL PLACE

City

SAN ANTONIO

State

TX

Zip Code

78209-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

338.00

**Transaction ID : SA17.169105**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1751.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2279 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ELEANOR C. SEIFERTH**

Mailing Address 12 LAUREL PLACE

City	State	Zip Code
SAN ANTONIO	TX	78209-1853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

338.00

**Transaction ID : SA17.171623**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. ELEANOR C. SEIFERTH**

Mailing Address 12 LAUREL PLACE

City	State	Zip Code
SAN ANTONIO	TX	78209-1853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

338.00

**Transaction ID : SA17.174218**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. ELEANOR C. SEIFERTH**

Mailing Address 12 LAUREL PLACE

City	State	Zip Code
SAN ANTONIO	TX	78209-1853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

338.00

**Transaction ID : SA17.175261**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

76.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2280 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ELEANOR C. SEIFERTH**

Mailing Address 12 LAUREL PLACE

City	State	Zip Code
SAN ANTONIO	TX	78209-1853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

338.00

**Transaction ID : SA17.177645**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

CONTRIBUTION

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MS. ELEANOR C. SEIFERTH**

Mailing Address 12 LAUREL PLACE

City	State	Zip Code
SAN ANTONIO	TX	78209-1853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

338.00

**Transaction ID : SA17.178851**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL SEITZ**

Mailing Address 1804 BRAEMORE DR

City	State	Zip Code
RENO	NV	89521-4260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

**Transaction ID : SA17.167222**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

101.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2281 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JORDAN SEKULOW**

Mailing Address **4191 INGRAHAM HWY**

City	State	Zip Code
MIAMI	FL	33133-6823

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CLAG**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.164475**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JORDAN SEKULOW**

Mailing Address **4191 INGRAHAM HWY**

City	State	Zip Code
MIAMI	FL	33133-6823

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CLAG**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.167667**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JORDAN SEKULOW**

Mailing Address **4191 INGRAHAM HWY**

City	State	Zip Code
MIAMI	FL	33133-6823

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CLAG**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.172098**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2282 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JORDAN SEKULOW**

Mailing Address **4191 INGRAHAM HWY**

City	State	Zip Code
MIAMI	FL	33133-6823

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CLAG**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.179336**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JACK L. SELBY**

Mailing Address **13055 SAXONY BLVD**

City	State	Zip Code
FISHERS	IN	46037-6260

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**203.29**

**Transaction ID : SA17.158721**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**55.55**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JACK L. SELBY**

Mailing Address **13055 SAXONY BLVD**

City	State	Zip Code
FISHERS	IN	46037-6260

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**203.29**

**Transaction ID : SA17.171758**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**74.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**229.55**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2283 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARK SELCOW**

Mailing Address 701 RHODE ISLAND ST

City	State	Zip Code
SAN FRANCISCO	CA	94107-2629

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SKY KITCHEN, INC.

Occupation  
ENTREPRENEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176665**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KHOSROW SEMNANI**

Mailing Address 5905 S OAKHILL DR

City	State	Zip Code
SALT LAKE CITY	UT	84121-1522

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SK HART MANAGEMENT, LLC

Occupation  
PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.142878**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10000.00

☒ Memo Item

REFUNDED \$4,600.00 ON 10/01/2015

**C. Full Name (Last, First, Middle Initial)**

**MR. KHOSROW SEMNANI**

Mailing Address 5905 S OAKHILL DR

City	State	Zip Code
SALT LAKE CITY	UT	84121-1522

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SK HART MANAGEMENT, LLC

Occupation  
PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.142878B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2284 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KHOSROW SEMNANI**

Mailing Address 5905 S OAKHILL DR

City

SALT LAKE CITY

State

UT

Zip Code

84121-1522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SK HART MANAGEMENT, LLC

Occupation

PRESIDENT & CEO

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174735**

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**DAVID SENAWI**

Mailing Address 1372 DEVON LN

City

TROY

State

MI

Zip Code

48084-7045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SENAWI LAW, PLLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161659**

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES SENEFF**

Mailing Address 420 S ORANGE AVE  
STE 800

City

ORLANDO

State

FL

Zip Code

32801-4911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CNL

Occupation

EXECUTIVE CHAIRMAN

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.179070**

Date of Receipt

MM / DD / YYYY  
12 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2285 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA SERIO**

Mailing Address 20134 E DAMERAL DR

City	State	Zip Code
COVINA	CA	91724-3937

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

389.00

**Transaction ID : SA17.156815**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA SERIO**

Mailing Address 20134 E DAMERAL DR

City	State	Zip Code
COVINA	CA	91724-3937

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

389.00

**Transaction ID : SA17.170695**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

97.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA SERIO**

Mailing Address 20134 E DAMERAL DR

City	State	Zip Code
COVINA	CA	91724-3937

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

389.00

**Transaction ID : SA17.176055**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

197.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2286 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. PATRICIA SERIO**

Mailing Address 20134 E DAMERAL DR

City	State	Zip Code
COVINA	CA	91724-3937

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

389.00

**Transaction ID : SA17.178512**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

97.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CESAR A. SERRANO**

Mailing Address 16375 SW 153RD CT

City	State	Zip Code
MIAMI	FL	33187-5203

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
C.S. TILES, INC.

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.174368**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEVIN D. SERRA**

Mailing Address 1034 SAINT ANDREWS CIR

City	State	Zip Code
GENEVA	IL	60134-2998

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AURELIO'S

Occupation  
FRANCHISE OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158512**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1097.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2287 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SALIM SESINE**

Mailing Address 6051 COCHISE DR

City

WEST BLOOMFIELD

State

MI

Zip Code

48322-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MA ENGINEERINGS

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157989**

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEBRA SETTLE**

Mailing Address 181 SENTRY CT

City

WINSTON SALEM

State

NC

Zip Code

27127-9196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

S.E.A. ENTERPRISES

Occupation

SALES/MARKETING

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178414**

Date of Receipt

MM / DD / YYYY  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL SEVERINO**

Mailing Address 3222 TURNING BRIDGE ST

City

LAS VEGAS

State

NV

Zip Code

89135-2241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTHERN WINE & SPIRITS

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177130**

Date of Receipt

MM / DD / YYYY  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2288 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MR. EUGENIO SEVILLA-SACASA**

Mailing Address 460 SOLANO PRADO

City	State	Zip Code
CORAL GABLES	FL	33156-2356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RYDER SYSTEM, INC.

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173525**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**MRS. FRANCES SEVILLA-SACASA**

Mailing Address 460 SOLANO PRADO

City	State	Zip Code
CORAL GABLES	FL	33156-2356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BANCO ITAU INTERNATIONAL

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173517**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**MR. WILLIAM BRITT SEXTON**

Mailing Address PO BOX 369

City	State	Zip Code
DECATUR	AL	35602-0369

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.162989**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2289 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM E. SEXTON**

Mailing Address PO BOX 369

City	State	Zip Code
DECATUR	AL	35602-0369

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.162988**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KIM BINKLEY SEYER**

Mailing Address 7460 MYRICA DR

City	State	Zip Code
SARASOTA	FL	34241-9133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE SEYER GROUP

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.172922**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICK SEYER**

Mailing Address 7460 MYRICA DR

City	State	Zip Code
SARASOTA	FL	34241-9133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OAKMONT CAPITAL RESOURCES

Occupation  
COMMERCIAL REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.173492**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2290 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PETER H. SHADDOCK**

Mailing Address **58 BRAEWOOD PL**

City	State	Zip Code
DALLAS	TX	75248-7901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SHADDOCK HOMES, LTD**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.174483**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEVEN SHAFRAN**

Mailing Address **671 ALPINE LN**

City	State	Zip Code
KETCHUM	ID	83340-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMRI FINANCIAL, INC.**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168684**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

IN-KIND: CATERING

**C. Full Name (Last, First, Middle Initial)**

**MRS. STEPHANIE BOOTH SHAFRAN**

Mailing Address **831 STONE CANYON RD**

City	State	Zip Code
LOS ANGELES	CA	90077-2911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168683**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

IN-KIND: CATERING

**Subtotal Of Receipts This Page (optional)**.....

**5500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2291 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAWAD SHAH**

Mailing Address **3166 BENDING BROOK DR**

City <b>FLUSHING</b>	State <b>MI</b>	Zip Code <b>48433-3005</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JAWAD A SHAH M.D. PC**

Occupation  
**NEUROSURGEON**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161961**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NEIL H. SHAH**

Mailing Address **210 LOCUST ST  
PENTHOUSE ONE**

City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code <b>19106-3934</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HERSHA HOSPITALITY TRUST**

Occupation  
**PRESIDENT & COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165749**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**OUBAI SHAHBANDAR**

Mailing Address **1320 N VEITCH ST**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22201-6221</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GAG INC.**

Occupation  
**MARKETING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163160**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2292 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**IQBAL SHAIKH**

Mailing Address 7632 FOUR WINDS DR

City

FORT WORTH

State

TX

Zip Code

76133-7566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AT&T

Occupation  
TECHNICAL SUPPORT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

439.00

**Transaction ID : SA17.158172**

Date of Receipt

**10 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

13.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**IQBAL SHAIKH**

Mailing Address 7632 FOUR WINDS DR

City

FORT WORTH

State

TX

Zip Code

76133-7566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AT&T

Occupation  
TECHNICAL SUPPORT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

439.00

**Transaction ID : SA17.167031**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**IQBAL SHAIKH**

Mailing Address 7632 FOUR WINDS DR

City

FORT WORTH

State

TX

Zip Code

76133-7566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AT&T

Occupation  
TECHNICAL SUPPORT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

439.00

**Transaction ID : SA17.169085**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

13.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

126.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2293 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**IQBAL SHAIKH**

Mailing Address 7632 FOUR WINDS DR

City	State	Zip Code
FORT WORTH	TX	76133-7566

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AT&T**

Occupation  
**TECHNICAL SUPPORT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

439.00

**Transaction ID : SA17.172250**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**IQBAL SHAIKH**

Mailing Address 7632 FOUR WINDS DR

City	State	Zip Code
FORT WORTH	TX	76133-7566

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AT&T**

Occupation  
**TECHNICAL SUPPORT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

439.00

**Transaction ID : SA17.175257**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

13.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**IQBAL SHAIKH**

Mailing Address 7632 FOUR WINDS DR

City	State	Zip Code
FORT WORTH	TX	76133-7566

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AT&T**

Occupation  
**TECHNICAL SUPPORT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

439.00

**Transaction ID : SA17.179261**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

113.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2294 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ILAN SHALIT**

Mailing Address **200 W JACKSON BLVD**  
**STE 2300**

City **CHICAGO** State **IL** Zip Code **60606-7001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CONSOLIDATED TRADING LLC**

Occupation  
**MANAGING MEMBER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157976**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FARIBORZ SHAMS**

Mailing Address **515 S BEACH BLVD**  
**STE F**

City **ANAHEIM** State **CA** Zip Code **92804-1812**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.162897**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SELMA SHAMS**

Mailing Address **515 S BEACH BLVD**  
**STE F**

City **ANAHEIM** State **CA** Zip Code **92804-1812**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.162885**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2295 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. KATHLEEN SHANAHAN**

Mailing Address 2625 W SUNSET DR

City	State	Zip Code
TAMPA	FL	33629-5340

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**URETEK HOLDINGS**

Occupation  
**CEO/CHAIR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2795.00

**Transaction ID : SA17.167638**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

95.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**MS. KATHLEEN SHANAHAN**

Mailing Address 2625 W SUNSET DR

City	State	Zip Code
TAMPA	FL	33629-5340

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**URETEK HOLDINGS**

Occupation  
**CEO/CHAIR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2795.00

**Transaction ID : SA17.167638B**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-95.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MS. KATHLEEN SHANAHAN**

Mailing Address 2625 W SUNSET DR

City	State	Zip Code
TAMPA	FL	33629-5340

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**URETEK HOLDINGS**

Occupation  
**CEO/CHAIR**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2795.00

**Transaction ID : SA17.187098**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

95.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

95.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2296 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANNE SHANE**

Mailing Address **6355 OXBOW WAY**

City

**INDIANAPOLIS**

State

**IN**

Zip Code

**46220-7109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BIO CROSSROADS**

Occupation

**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.159237**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT SHANKS**

Mailing Address **3002 ALBEMARLE ST NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20008-2101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RAYTHEON COMPANY**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.172484**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT SHANKS**

Mailing Address **3002 ALBEMARLE ST NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20008-2101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RAYTHEON COMPANY**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.176125**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2297 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDWARD L. SHANNON**

Mailing Address 5220 PARTRIDGE LN NW

City	State	Zip Code
WASHINGTON	DC	20016-5338

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MSHOPPER

Occupation  
ADVERTISING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161909**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWARD L. SHANNON**

Mailing Address 5220 PARTRIDGE LN NW

City	State	Zip Code
WASHINGTON	DC	20016-5338

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MSHOPPER

Occupation  
ADVERTISING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172481**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EDWARD L. SHANNON**

Mailing Address 5220 PARTRIDGE LN NW

City	State	Zip Code
WASHINGTON	DC	20016-5338

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MSHOPPER

Occupation  
ADVERTISING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177117**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2298 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDWARD SHAPIRO**

Mailing Address 5510 CHAMBERLIN AVE

City	State	Zip Code
CHEVY CHASE	MD	20815-6642

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LATHAM & WATKINS**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162501**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. PENELOPE SHAPIRO**

Mailing Address 5510 CHAMBERLIN AVE

City	State	Zip Code
CHEVY CHASE	MD	20815-6642

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162503**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVEN H. SHAPIRO**

Mailing Address 99 RICHMOND HILL RD

City	State	Zip Code
GREENWICH	CT	06831-2525

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INTREPID FAMILY OFFICE**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.159628**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2299 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SARAH STOWELL SHAPLEY**

Mailing Address 4710 UPTON STREET, NW

City	State	Zip Code
WASHINGTON	DC	20016-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167386**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARAH STOWELL SHAPLEY**

Mailing Address 4710 UPTON STREET, NW

City	State	Zip Code
WASHINGTON	DC	20016-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170124**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARAH STOWELL SHAPLEY**

Mailing Address 4710 UPTON STREET, NW

City	State	Zip Code
WASHINGTON	DC	20016-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174563**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2300 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**SARAH STOWELL SHAPLEY**

Mailing Address 4710 UPTON STREET, NW

City	State	Zip Code
WASHINGTON	DC	20016-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175414**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SARAH STOWELL SHAPLEY**

Mailing Address 4710 UPTON STREET, NW

City	State	Zip Code
WASHINGTON	DC	20016-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177798**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SARAH STOWELL SHAPLEY**

Mailing Address 4710 UPTON STREET, NW

City	State	Zip Code
WASHINGTON	DC	20016-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.180975**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

100.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2301 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOE SHARP**

Mailing Address 11 AVERY KNLS

City

HATTIESBURG

State

MS

Zip Code

39402-8131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

455.00

**Transaction ID : SA17.163898**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOE SHARP**

Mailing Address 11 AVERY KNLS

City

HATTIESBURG

State

MS

Zip Code

39402-8131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

455.00

**Transaction ID : SA17.166476**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOE SHARP**

Mailing Address 11 AVERY KNLS

City

HATTIESBURG

State

MS

Zip Code

39402-8131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

455.00

**Transaction ID : SA17.175817**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2302 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOE SHARP**

Mailing Address 11 AVERY KNLS

City

HATTIESBURG

State

MS

Zip Code

39402-8131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

455.00

**Transaction ID : SA17.177268**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOE SHARP**

Mailing Address 11 AVERY KNLS

City

HATTIESBURG

State

MS

Zip Code

39402-8131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

455.00

**Transaction ID : SA17.179635**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATHERINE SHARP**

Mailing Address 4110 FAIRMOUNT ST  
APT 4146

City

DALLAS

State

TX

Zip Code

75219-3471

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ATT

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168334**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2303 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALAN SHAW**

Mailing Address **5 HAMBLETONIAN DR**

City

**COLTS NECK**

State

**NJ**

Zip Code

**07722-2121**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.168621**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN A. SHAW**

Mailing Address **3555 HAMLET PL**

City

**CHEVY CHASE**

State

**MD**

Zip Code

**20815-4822**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HERMES GROUP**

Occupation

**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.156591**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN A. SHAW**

Mailing Address **3555 HAMLET PL**

City

**CHEVY CHASE**

State

**MD**

Zip Code

**20815-4822**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HERMES GROUP**

Occupation

**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.161475**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2304 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN A. SHAW**

Mailing Address 3555 HAMLET PL

City

CHEVY CHASE

State

MD

Zip Code

20815-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERMES GROUP

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.170014**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN A. SHAW**

Mailing Address 3555 HAMLET PL

City

CHEVY CHASE

State

MD

Zip Code

20815-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERMES GROUP

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.175948**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MILTON SHAW**

Mailing Address 107 CARLSBAD AVE

City

LOS ALAMOS

State

NM

Zip Code

87544-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.159505**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2305 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MILTON SHAW**

Mailing Address 107 CARLSBAD AVE

City	State	Zip Code
LOS ALAMOS	NM	87544-3414

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.165333**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MILTON SHAW**

Mailing Address 107 CARLSBAD AVE

City	State	Zip Code
LOS ALAMOS	NM	87544-3414

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.174874**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICOLE SHEEHAN**

Mailing Address 306 OLIVE HILL LN

City	State	Zip Code
WOODSIDE	CA	94062-3628

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160752**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2306 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MR. CHRISTOPHER SHEERON**

Mailing Address 200 HENRY ST  
APT 2107

City State Zip Code  
STAMFORD CT 06902-5876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RSR PARTNERS

Occupation  
DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159632**

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**MR. KEN SHEFFIELD**

Mailing Address 5205 N O CONNOR BLVD

City State Zip Code  
IRVING TX 75039-3712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
EVP STAT., NAT.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161360**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**MR. SCOTT SHEFFIELD**

Mailing Address 5205 N O CONNOR BLVD  
STE 200

City State Zip Code  
IRVING TX 75039-3789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PIONEER NATURAL RESOURCES

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.161323**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2307 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SCOTT SHEFMAN**

Mailing Address **5169 WHISPERING OAK LN**

City	State	Zip Code
WEST BLOOMFIELD	MI	48322-3928

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FRIEDMAN MANAGEMENT**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161662**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAJSA SHEIBLEY**

Mailing Address **281 TURTLE BACK RD**

City	State	Zip Code
NEW CANAAN	CT	06840-2627

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159070**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN R. SHELDON**

Mailing Address **2012 W MAIN ST**

City	State	Zip Code
HOUSTON	TX	77098-3416

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**D.E.C**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159012**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2308 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. REBEKAH SHELDON**

Mailing Address 2012 W MAIN ST

City

HOUSTON

State

TX

Zip Code

77098-3416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159282**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN R. SHELDON**

Mailing Address 2012 W MAIN ST

City

HOUSTON

State

TX

Zip Code

77098-3416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

D.E.C

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159012B**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**CATHERINE SHELLEY**

Mailing Address 35 W 92ND ST  
APT 8

City

NEW YORK

State

NY

Zip Code

10025-7639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FOX NEWS

Occupation

PRODUCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.160393**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2309 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANCIS SHEN**

Mailing Address 929 DARTMOUTH AVE SE

City	State	Zip Code
MINNEAPOLIS	MN	55414-3103

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNIVERSITY OF MINNESOTA**

Occupation  
**PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171565**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. J. MICHAEL SHEPHERD**

Mailing Address 2460 WASHINGTON ST

City	State	Zip Code
SAN FRANCISCO	CA	94115-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BANCWEST CORPORATION**

Occupation  
**CHAIRMAN, PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162948**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LEOPOLD SHER**

Mailing Address 5500 MARCIA AVE

City	State	Zip Code
NEW ORLEANS	LA	70124-1055

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SHER GARNER CAHILL RICHTER KLEIN**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.163205**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2310 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES L. SHERMAN**

Mailing Address 2720 PHILADELPHIA DR

City  
**DAYTON**

State Zip Code  
**OH 45405-1910**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.171895**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANICE SHERMAN**

Mailing Address 15 HARBOR PT

City  
**KEY BISCAVNE**

State Zip Code  
**FL 33149-1715**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIAMI DADE CRY PUBLIC SCHOOLS**

Occupation  
**TEACHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163556**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANICE SHERMAN**

Mailing Address 15 HARBOR PT

City  
**KEY BISCAVNE**

State Zip Code  
**FL 33149-1715**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIAMI DADE CRY PUBLIC SCHOOLS**

Occupation  
**TEACHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171476**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2311 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANICE SHERMAN**

Mailing Address 15 HARBOR PT

City

KEY BISCAIYNE

State

FL

Zip Code

33149-1715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MIAMI DADE CRY PUBLIC SCHOOLS

Occupation

TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178886**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID SHERRILL**

Mailing Address 260 BREEZYWAY

City

LAWRENCE

State

NY

Zip Code

11559-2105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MORGAN STANLEY

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163291**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHILIP SHERRINGHAM**

Mailing Address PO BOX 4142

City

JACKSON

State

WY

Zip Code

83001-4142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW GROUND CAPITAL

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.171424**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2312 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILIP SHERRINGHAM**

Mailing Address PO BOX 4142

City

JACKSON

State

WY

Zip Code

83001-4142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW GROUND CAPITAL

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177102**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PHILIP SHERRINGHAM**

Mailing Address PO BOX 4142

City

JACKSON

State

WY

Zip Code

83001-4142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NEW GROUND CAPITAL

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.180756**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AMANDA SHERZER**

Mailing Address 319 FAIRVIEW CT

City

COPPELL

State

TX

Zip Code

75019-2256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173787**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2313 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DANIEL D. SHIELDS**

Mailing Address **616 S RAMONA ST**

City	State	Zip Code
<b>SAN GABRIEL</b>	<b>CA</b>	<b>91776-2340</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PSI**

Occupation  
**CHEMIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.163038**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PAUL SHIFFMAN**

Mailing Address **1320 SKIPWITH RD**

City	State	Zip Code
<b>MCLEAN</b>	<b>VA</b>	<b>22101-1834</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SHIFFMAN-RICCI**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174430**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address **3 SUNRISE LN**

City	State	Zip Code
<b>SUCCASUNNA</b>	<b>NJ</b>	<b>07876-2009</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**227.00**

**Transaction ID : SA17.156394**

Date of Receipt

**10 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3010.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2314 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.156636**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.163100**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.163951**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

3.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

18.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2315 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.165738**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.166259**

Date of Receipt

MM / DD / YYYY  
11 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.168984**

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

12.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2316 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.169664**

Date of Receipt

MM / DD / YYYY  
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.170767**

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.171352**

Date of Receipt

MM / DD / YYYY  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

15.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2317 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.172693**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.173649**

Date of Receipt

MM / DD / YYYY  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.174635**

Date of Receipt

MM / DD / YYYY  
12 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

20.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2318 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.174873**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.175217**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GINA C. SHIH**

Mailing Address 3 SUNRISE LN

City

SUCCASUNNA

State

NJ

Zip Code

07876-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

**Transaction ID : SA17.178986**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

32.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2319 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LEN SHORT**

Mailing Address 3604 FRESHWATER DR

City  
**JUPITER**

State Zip Code  
**FL 33477-5804**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LOTLINX, INC.**

Occupation  
**FOUNDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.161605**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK I. SHUBLAK**

Mailing Address PO BOX 30025

City  
**INDIANAPOLIS**

State Zip Code  
**IN 46230-0025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ICE MILLER, LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159246**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANITA M. SHUFFIELD**

Mailing Address 9568 SW 67TH CT

City  
**MIAMI**

State Zip Code  
**FL 33156-1764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170634**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2320 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KRISTEN SHULTZ**

Mailing Address 11620 PARTRIDGE RUN LN

City	State	Zip Code
POTOMAC	MD	20854-1218

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162499**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVEN SHULTZ**

Mailing Address 142 RAVENNA ST

City	State	Zip Code
HUDSON	OH	44236-3465

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
COMPUTER PROGRAMMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.160414**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEVEN SHULTZ**

Mailing Address 142 RAVENNA ST

City	State	Zip Code
HUDSON	OH	44236-3465

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
COMPUTER PROGRAMMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.171053**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2321 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEVEN SHULTZ**

Mailing Address **142 RAVENNA ST**

City  
**HUDSON**

State  
**OH**

Zip Code  
**44236-3465**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**COMPUTER PROGRAMMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.178544**

Date of Receipt

**12 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANNE WILLIAMSON SHUMAKER**

Mailing Address **270 E MAIN ST**

City  
**CENTRE**

State  
**AL**

Zip Code  
**35960-1519**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FREE-LANCE WRITER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.159551**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANNE WILLIAMSON SHUMAKER**

Mailing Address **270 E MAIN ST**

City  
**CENTRE**

State  
**AL**

Zip Code  
**35960-1519**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FREE-LANCE WRITER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.172437**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2322 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**ANNE WILLIAMSON SHUMAKER**

Mailing Address 270 E MAIN ST

City	State	Zip Code
CENTRE	AL	35960-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FREE-LANCE WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174114**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ANNE WILLIAMSON SHUMAKER**

Mailing Address 270 E MAIN ST

City	State	Zip Code
CENTRE	AL	35960-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FREE-LANCE WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179266**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ANNE WILLIAMSON SHUMAKER**

Mailing Address 270 E MAIN ST

City	State	Zip Code
CENTRE	AL	35960-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FREE-LANCE WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179267**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

125.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2323 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANNE WILLIAMSON SHUMAKER**

Mailing Address **270 E MAIN ST**

City	State	Zip Code
CENTRE	AL	35960-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FREE-LANCE WRITER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.180070**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SAMUEL A. SHUMAN**

Mailing Address **645 NEIL AVE**  
**APT 602**

City	State	Zip Code
COLUMBUS	OH	43215-1645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.171830**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**400.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WALTER SHWARTZ**

Mailing Address **660 WADDINGTON ST**

City	State	Zip Code
BLOOMFIELD HILLS	MI	48301-2345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GREGORY J. SCHWARTZ & CO.**

Occupation  
**INVESTMENTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159797**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2324 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CHRISTINE DONAHUE SICKLER**

Mailing Address 760 FAIRVIEW RD

City	State	Zip Code
PITTSBURGH	PA	15238-1743

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166394**

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SHANNON SIGNORELLO**

Mailing Address 2855 S LE JEUNE RD

City	State	Zip Code
CORAL GABLES	FL	33134-6612

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170046**

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. VINCENT SIGNORELLO**

Mailing Address 2855 S LE JEUNE RD

City	State	Zip Code
CORAL GABLES	FL	33134-6612

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FLORIDA EAST COAST INDUSTRIES

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170049**

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2325 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HUBERT L. SIKES**

Mailing Address 1410 TURTLEBACK TRL

City	State	Zip Code
PANAMA CITY BEACH	FL	32413-1488

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SIKES CONCRETE, INC.**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173546**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN R. SILK**

Mailing Address 1613 CHELSEA RD

City	State	Zip Code
SAN MARINO	CA	91108-2419

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WELLS FARGO BANK**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177400**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SUSAN SILK**

Mailing Address 1613 CHELSEA RD

City	State	Zip Code
SAN MARINO	CA	91108-2419

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177397**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2326 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ARMANDO SILVA**

Mailing Address 1021 NW 37TH AVE

City	State	Zip Code
MIAMI	FL	33125-3838

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INSURANCE CORPORATION**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177432**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. HERBERT SILVERSTEIN**

Mailing Address 1317 VISTA DR

City	State	Zip Code
SARASOTA	FL	34239-2045

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FLORIDA EAR & SINUS CENTER**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168038**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ISAAC SILVERA**

Mailing Address 993 E 8TH ST

City	State	Zip Code
BROOKLYN	NY	11230-3514

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPENCER GIFTS**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159374**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2327 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FELIX J. SIMAN**

Mailing Address 3628 SW 57TH AVE

City	State	Zip Code
MIAMI	FL	33155-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INTRADECO

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173058**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSE SIMAN**

Mailing Address 3624 SW 57TH AVE

City	State	Zip Code
MIAMI	FL	33155-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INTRADECO INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175767**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**JOSE SIMAN**

Mailing Address 3624 SW 57TH AVE

City	State	Zip Code
MIAMI	FL	33155-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INTRADECO INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175767B**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2328 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARIA SIMAN**

Mailing Address 3624 SW 57TH AVE

City	State	Zip Code
MIAMI	FL	33155-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178935**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. MATILDE SIMAN**

Mailing Address 3628 SW 57TH AVE

City	State	Zip Code
MIAMI	FL	33155-5000

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173035**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KLAUDIO SIMIC**

Mailing Address 15708 NE 26TH ST

City	State	Zip Code
VANCOUVER	WA	98684-4522

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALG

Occupation  
VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177379**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2329 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. DONNA SIMMONS**

Mailing Address **8869 GLEN ABBY DR**

City

**TALLAHASSEE**

State

**FL**

Zip Code

**32312-4065**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**TECO ENERGY, INC.**

Occupation

**GOVERNMENT RELATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.179294**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FORREST WIEMAN SIMMONS**

Mailing Address **2351 NW WESTOVER RD**  
**UNIT 904**

City

**PORTLAND**

State

**OR**

Zip Code

**97210-3784**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.182792**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**REFUNDED \$2,700.00 ON 12/18/2015**

**C. Full Name (Last, First, Middle Initial)**

**JOHN SIMMS**

Mailing Address **11350 SW 132ND CT**

City

**MIAMI**

State

**FL**

Zip Code

**33186-7902**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.172510**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2330 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN SIMMS**

Mailing Address 11350 SW 132ND CT

City	State	Zip Code
MIAMI	FL	33186-7902

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.178358**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ARNOLD J. SIMONSEN**

Mailing Address 1925 GULF OF MEXICO DR  
UNIT 109

City	State	Zip Code
LONGBOAT KEY	FL	34228-3301

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173029**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS A. SIMONIAN**

Mailing Address 921 S BATAVIA AVE

City	State	Zip Code
GENEVA	IL	60134-3010

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ARRAY ENTERPRISES, INC.

Occupation  
CEO/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157657**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2331 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM E. SIMON JR.**

Mailing Address 11100 SANTA MONICA BLVD  
STE 1910

City State Zip Code  
LOS ANGELES CA 90025-3335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W.E. SIMON & SONS LLC

Occupation  
PRIVATE BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161172**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALAN K. SIMPSON**

Mailing Address 1201 SUNSHINE AVE

City State Zip Code  
CODY WY 82414-4228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166148**

Date of Receipt

M M / D D / Y Y Y Y  
11 09 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALAN K. SIMPSON**

Mailing Address 1201 SUNSHINE AVE

City State Zip Code  
CODY WY 82414-4228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.171677**

Date of Receipt

M M / D D / Y Y Y Y  
11 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2332 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HOWARD M. SIMPSON**

Mailing Address 4203 N CHELSEA PL

City  
PEORIA

State Zip Code  
IL 61614-7205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.162326**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN DAVID SIMPSON**

Mailing Address 279 ALBION AVE

City  
WOODSIDE

State Zip Code  
CA 94062-3647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AVINGER INC.

Occupation  
VP BUSINESS DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163339**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KATHRYN SIMPSON**

Mailing Address 279 ALBION AVE

City  
WOODSIDE

State Zip Code  
CA 94062-3647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163338**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5600.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2333 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICIA B. SINATRA**

Mailing Address 300 GRANDVIEW CT  
UNIT 324

City State Zip Code  
HILTON HEAD ISLAND SC 29926-3901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165594**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICIA B. SINATRA**

Mailing Address 300 GRANDVIEW CT  
UNIT 324

City State Zip Code  
HILTON HEAD ISLAND SC 29926-3901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173399**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM SINCLAIR**

Mailing Address 125 W 22ND ST  
APT 3A

City State Zip Code  
NEW YORK NY 10011-2646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JPMORGAN

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158969**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2334 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HERMAN SINGER**

Mailing Address **210 174TH ST**  
**APT 1005**

City **SUNNY ISLES BEACH** State **FL** Zip Code **33160-3339**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.157638**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DIDAR SINGH**

Mailing Address **3017 EDINGER AVE**

City **TUSTIN** State **CA** Zip Code **92780-7204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ENTREPRENEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162936**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LIZ SINGLETON**

Mailing Address **5839 SW 34TH ST**

City **MIAMI** State **FL** Zip Code **33155-4914**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIZ SINGLETON \* INTERIOR DESIGN**

Occupation  
**INTERIOR DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**210.00**

**Transaction ID : SA17.155342**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3225.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LIZ SINGLETON**

Mailing Address **5839 SW 34TH ST**

City	State	Zip Code
MIAMI	FL	33155-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIZ SINGLETON \* INTERIOR DESIGN**

Occupation  
**INTERIOR DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**210.00**

**Transaction ID : SA17.166441**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LIZ SINGLETON**

Mailing Address **5839 SW 34TH ST**

City	State	Zip Code
MIAMI	FL	33155-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIZ SINGLETON \* INTERIOR DESIGN**

Occupation  
**INTERIOR DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**210.00**

**Transaction ID : SA17.171284**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LIZ SINGLETON**

Mailing Address **5839 SW 34TH ST**

City	State	Zip Code
MIAMI	FL	33155-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIZ SINGLETON \* INTERIOR DESIGN**

Occupation  
**INTERIOR DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**210.00**

**Transaction ID : SA17.175056**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**55.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2336 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LIZ SINGLETON**

Mailing Address **5839 SW 34TH ST**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33155-4914**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIZ SINGLETON \* INTERIOR DESIGN**

Occupation  
**INTERIOR DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**210.00**

**Transaction ID : SA17.178614**

Date of Receipt

**12 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VIJAY SINHA**

Mailing Address **223 WHIPPOORWILL DR**

City  
**RAYNHAM**

State  
**MA**

Zip Code  
**02767-1198**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.158302**

Date of Receipt

**10 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VIJAY SINHA**

Mailing Address **223 WHIPPOORWILL DR**

City  
**RAYNHAM**

State  
**MA**

Zip Code  
**02767-1198**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.166463**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**55.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VIJAY SINHA**

Mailing Address 223 WHIPPOORWILL DR

City

RAYNHAM

State

MA

Zip Code

02767-1198

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.167032**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VIJAY SINHA**

Mailing Address 223 WHIPPOORWILL DR

City

RAYNHAM

State

MA

Zip Code

02767-1198

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.170176**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VIJAY SINHA**

Mailing Address 223 WHIPPOORWILL DR

City

RAYNHAM

State

MA

Zip Code

02767-1198

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.171311**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2338 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VIJAY SINHA**

Mailing Address **223 WHIPPOORWILL DR**

City

**RAYNHAM**

State

**MA**

Zip Code

**02767-1198**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.175071**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**VIJAY SINHA**

Mailing Address **223 WHIPPOORWILL DR**

City

**RAYNHAM**

State

**MA**

Zip Code

**02767-1198**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.177762**

Date of Receipt

**12 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VIJAY SINHA**

Mailing Address **223 WHIPPOORWILL DR**

City

**RAYNHAM**

State

**MA**

Zip Code

**02767-1198**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.180073**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2339 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN R. SINNER**

Mailing Address 528 VAQUERO RD

City	State	Zip Code
ARCADIA	CA	91007-6044

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JOHN R. SINNER INSURANCE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.164392**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATSON SIRILIM**

Mailing Address 45 PHADUNGDAO RD SAMPHANTHAWONG YA  
METROPOLITAN, 10100

City	State	Zip Code
BANGKOK	FF	99999-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NAM SING BIRD NEST CO**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

466.00

**Transaction ID : SA17.164335**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATSON SIRILIM**

Mailing Address 45 PHADUNGDAO RD SAMPHANTHAWONG YA  
METROPOLITAN, 10100

City	State	Zip Code
BANGKOK	FF	99999-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NAM SING BIRD NEST CO**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

466.00

**Transaction ID : SA17.172042**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2340 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATSON SIRILIM**

Mailing Address **45 PHADUNGDAO RD SAMPHANTHAWONG YA**  
**METROPOLITAN, 10100**

City **BANGKOK** State **FF** Zip Code **99999-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NAM SING BIRD NEST CO**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**466.00**

**Transaction ID : SA17.180869**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARC SIROTA**

Mailing Address **1472 GUNPOWDER RD**

City **RYDAL** State **PA** Zip Code **19046-1209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMCAST**

Occupation  
**INTELLIGENCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.180074**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIMOTHY SISSON**

Mailing Address **950 W SAN ANTONIO AVE**

City **COOPER** State **TX** Zip Code **75432-3063**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

**Transaction ID : SA17.165602**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1700.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2341 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TIMOTHY SISSON**

Mailing Address 950 W SAN ANTONIO AVE

City	State	Zip Code
COOPER	TX	75432-3063

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.169714**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIMOTHY SISSON**

Mailing Address 950 W SAN ANTONIO AVE

City	State	Zip Code
COOPER	TX	75432-3063

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173404**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TIMOTHY SISSON**

Mailing Address 950 W SAN ANTONIO AVE

City	State	Zip Code
COOPER	TX	75432-3063

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.177643**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2342 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. PAULA J. SKAUGSTAD**

Mailing Address 4247 VIA LARGO

City	State	Zip Code
CYPRESS	CA	90630-3449

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158779**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JONATHAN SKLARSKI**

Mailing Address 1807 MARTHA LN

City	State	Zip Code
LYNN HAVEN	FL	32444-3184

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PREBLE-RISH, INC.

Occupation  
CIVIL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.172507**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EMIL SKODON**

Mailing Address 4529 DAVENPORT ST NW

City	State	Zip Code
WASHINGTON	DC	20016-4415

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163260**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2343 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EMIL SKODON**

Mailing Address 4529 DAVENPORT ST NW

City	State	Zip Code
WASHINGTON	DC	20016-4415

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.180536**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES K. SLATERY**

Mailing Address 123 CHERRY RD

City	State	Zip Code
MEMPHIS	TN	38117-3101

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEW SOUTH CAPITAL**

Occupation  
**MONEY MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166626**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES K. SLATERY**

Mailing Address 123 CHERRY RD

City	State	Zip Code
MEMPHIS	TN	38117-3101

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NEW SOUTH CAPITAL**

Occupation  
**MONEY MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166626B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2344 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JANE SLATERY**

Mailing Address 123 CHERRY RD

City

MEMPHIS

State

TN

Zip Code

38117-3101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177108**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. DENNIS SLATTERY**

Mailing Address 920 OXFORD RD

City

SAN MARINO

State

CA

Zip Code

91108-1215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GAMBLE JONES

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163046**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANE W. SLATTERY**

Mailing Address 15330 AVENUE OF SCIENCE

City

SAN DIEGO

State

CA

Zip Code

92128-3407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.153293**

Date of Receipt

**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2345 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANE W. SLATTERY**

Mailing Address 15330 AVENUE OF SCIENCE

City	State	Zip Code
SAN DIEGO	CA	92128-3407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.153293B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**JANE W. SLATTERY**

Mailing Address 15330 AVENUE OF SCIENCE

City	State	Zip Code
SAN DIEGO	CA	92128-3407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.174111**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**DAVID SLAUGHTER**

Mailing Address 2 HILLSYDE CT

City	State	Zip Code
COCKEYSVILLE	MD	21030-1750

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
M. LUIS CONSTRUCTION

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162502**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CLIFFORD V. SLINKARD**

Mailing Address 11587 KINZER RD

City	State	Zip Code
PRAIRIE GROVE	AR	72753-9403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOGUEYE, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.156848**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

CONTRIBUTION

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANGELA SLINKARD**

Mailing Address 11587 KINZER RD

City	State	Zip Code
PRAIRIE GROVE	AR	72753-9403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162307**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MR. CLIFFORD V. SLINKARD**

Mailing Address 11587 KINZER RD

City	State	Zip Code
PRAIRIE GROVE	AR	72753-9403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOGUEYE, INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.156848B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

CONTRIBUTION

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

Subtotal Of Receipts This Page (optional).....

5400.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 2347 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MR. O. TEMPLE SLOAN JR.

Mailing Address 4900 FALLS OF NEUSE RD  
STE 150

City	State	Zip Code
RALEIGH	NC	27609-5490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.166409

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

ROBERT SLOPOSKY

Mailing Address 159 ROBBINSVILLE ALLENTOWN RD

City	State	Zip Code
ROBBINSVILLE	NJ	08691-3654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIGNATURE BANKOccupation  
SVP & GROUP DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.173194

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MS. BRENDA JANE SLUYTER

Mailing Address 25850 N MESA DR

City	State	Zip Code
CARMEL	CA	93923-8226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Transaction ID : SA17.157883

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5550.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2348 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JUSTIN SMALL**

Mailing Address PO BOX 35828

City	State	Zip Code
DALLAS	TX	75235-0828

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**J. SMALL INVESTMENTS**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164125**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LESLIE SMALL**

Mailing Address 22 SALAMANCA AVE  
APT 405

City	State	Zip Code
CORAL GABLES	FL	33134-4103

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JEB 2016, INC.**

Occupation  
**POLITICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

297.00

**Transaction ID : SA17.167725**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LESLIE SMALL**

Mailing Address 22 SALAMANCA AVE  
APT 405

City	State	Zip Code
CORAL GABLES	FL	33134-4103

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JEB 2016, INC.**

Occupation  
**POLITICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

297.00

**Transaction ID : SA17.167839**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

24.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2764.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MRS. HILARY K. SMEDSRUD

Mailing Address 18467 NICKLAUS WAY

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170044**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MR. JEFFREY SMEDSRUD

Mailing Address 18467 NICKLAUS WAY

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEALTHCARE.COMOccupation  
CEO, HEALTH INSURANCE MARKETING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170048**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MR. JOSHUA L. SMILEY

Mailing Address 10356 HIGH GRV

City

CARMEL

State

IN

Zip Code

46032-8302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELI LILLYOccupation  
FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158951**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3200.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2350 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WYNN R. SMILEY**

Mailing Address **8463 PINE TREE BLVD**

City

**INDIANAPOLIS**

State

**IN**

Zip Code

**46256-4349**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ALPHA TAU OMEGA**

Occupation

**NON-PROFIT EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158527**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. NEIL SMIT JR.**

Mailing Address **1862 ALOHA LN**

City

**GLADWYNE**

State

**PA**

Zip Code

**19035-1033**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COMCAST CABLE**

Occupation

**PRESIDENT & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173043**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALLISON SMITH**

Mailing Address **4424 FAIRFAX AVE**

City

**DALLAS**

State

**TX**

Zip Code

**75205-3028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ALLIE BETH ALLMAN & ASSOCIATES**

Occupation

**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.168332**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2351 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CAROLINE SMITH**

Mailing Address 3009 S ONG ST

City	State	Zip Code
AMARILLO	TX	79109-3541

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.163126**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLES SMITH**

Mailing Address 9478 BURGUNDY CIR

City	State	Zip Code
HIGHLANDS RANCH	CO	80126-8611

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BROWNSTEIN HYATT FARBER SCHRECK

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159060**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CURRIE SMITH**

Mailing Address 3602 S WASHINGTON ST

City	State	Zip Code
AMARILLO	TX	79110-1303

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL AND GAS, CATTLE AND  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158476**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2352 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DALE SMITH**

Mailing Address 3009 S ONG ST

City	State	Zip Code
AMARILLO	TX	79109-3541

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CATTLEMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.163127**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DENNIS J. SMITH**

Mailing Address 32457 LEGACY POINTE PKWY

City	State	Zip Code
AVON LAKE	OH	44012-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

290.00

**Transaction ID : SA17.159138**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DENNIS J. SMITH**

Mailing Address 32457 LEGACY POINTE PKWY

City	State	Zip Code
AVON LAKE	OH	44012-2281

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

290.00

**Transaction ID : SA17.164571**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

790.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2353 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EMMITT J. SMITH III**

Mailing Address 16000 DALLAS PKWY  
STE 550N

City State Zip Code  
DALLAS TX 75248-6607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ENTREPRENEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175028**

Date of Receipt

M M / D D / Y Y Y Y  
12 11 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GLEN RICHARD SMITH**

Mailing Address 54939 BUCK CREEK RD

City State Zip Code  
ATLANTIC IA 50022-8203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMITH LAND SERVICE CO.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.158604**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GORDON J. SMITH**

Mailing Address 3105 ASHWORTH RD

City State Zip Code  
WEST DES MOINES IA 50265-3251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.171836**

Date of Receipt

M M / D D / Y Y Y Y  
11 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2354 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JANELL SMITH**

Mailing Address 5300 E GRANT ST

City

ORLANDO

State

FL

Zip Code

32812-5308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

DIETITIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166435**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JANELL SMITH**

Mailing Address 5300 E GRANT ST

City

ORLANDO

State

FL

Zip Code

32812-5308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

DIETITIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.177456**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JERALD A. SMITH**

Mailing Address 3418 HEPBURN CIR

City

STOCKTON

State

CA

Zip Code

95209-3912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.164640**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2355 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JERALD A. SMITH**

Mailing Address **3418 HEPBURN CIR**

City  
**STOCKTON**

State  
**CA**

Zip Code  
**95209-3912**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173252**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JULIA S. SMITH**

Mailing Address **1209 21ST AVE**  
**APT C201**

City  
**ROCK ISLAND**

State  
**IL**

Zip Code  
**61201-7930**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171859**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LESLY S. SMITH**

Mailing Address **300 CHAPEL HILL RD**

City  
**PALM BEACH**

State  
**FL**

Zip Code  
**33480-4124**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158844**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2356 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARK SMITH**

Mailing Address **18512 BEAR CREEK TER**

City	State	Zip Code
LEESBURG	VA	20176-7425

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE DA VINCI GROUP**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175466**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARIBETH SMITH**

Mailing Address **9035 PICKWICK DR**

City	State	Zip Code
INDIANAPOLIS	IN	46260-1713

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARIBETH SMITH & ASSOCIATES**

Occupation  
**EVENT PLANNING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**950.00**

**Transaction ID : SA17.158668**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**950.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA SMITHER**

Mailing Address **3310 FAIRMOUNT ST**  
**APT 8E**

City	State	Zip Code
DALLAS	TX	75201-1238

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.160465**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2050.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2357 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARTHA SMITHER**

Mailing Address 3310 FAIRMOUNT ST  
APT 8E

City State Zip Code  
DALLAS TX 75201-1238

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.164594**

Date of Receipt

M M / D D / Y Y Y Y  
10 29 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NANCY THOMPSON SMITH**

Mailing Address 3007 S ONG ST

City State Zip Code  
AMARILLO TX 79109-3541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
AC SMITH CREDIT SHELTER TRUST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158475**

Date of Receipt

M M / D D / Y Y Y Y  
10 12 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NED SMITH**

Mailing Address 3133 MOCKINGBIRD LN

City State Zip Code  
DALLAS TX 75205-2324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175035**

Date of Receipt

M M / D D / Y Y Y Y  
12 11 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2358 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PATRICIA A. SMITH**

Mailing Address 16000 DALLAS PKWY  
STE 550N

City DALLAS State TX Zip Code 75248-6607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENTREPRENEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175038**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PHILIP S. SMITH**

Mailing Address 300 5TH ST NE

City WASHINGTON State DC Zip Code 20002-5806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPTEL

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

**Transaction ID : SA17.161950**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT J. SMITH JR.**

Mailing Address 836 GLENVIEW RD

City GLENVIEW State IL Zip Code 60025-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMITH CORCORAN

Occupation  
FUNERAL DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.161538**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2359 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHAUN SMITH**

Mailing Address 10305 CRESTWIND CIRCLE

City	State	Zip Code
MONTGOMERY	OH	45242-5845

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PHILLIPS EDISON & COMPANY**

Occupation  
**INFORMATION TECHNOLOGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.164029**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SHAUN SMITH**

Mailing Address 10305 CRESTWIND CIRCLE

City	State	Zip Code
MONTGOMERY	OH	45242-5845

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PHILLIPS EDISON & COMPANY**

Occupation  
**INFORMATION TECHNOLOGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.169015**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHAUN SMITH**

Mailing Address 10305 CRESTWIND CIRCLE

City	State	Zip Code
MONTGOMERY	OH	45242-5845

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PHILLIPS EDISON & COMPANY**

Occupation  
**INFORMATION TECHNOLOGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.172726**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2360 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHAUN SMITH**

Mailing Address 10305 CRESTWIND CIRCLE

City	State	Zip Code
MONTGOMERY	OH	45242-5845

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PHILLIPS EDISON & COMPANY**

Occupation  
**INFORMATION TECHNOLOGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.175232**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SHAUN SMITH**

Mailing Address 10305 CRESTWIND CIRCLE

City	State	Zip Code
MONTGOMERY	OH	45242-5845

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PHILLIPS EDISON & COMPANY**

Occupation  
**INFORMATION TECHNOLOGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.180077**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SIRJE SMITH**

Mailing Address 10042 E AUTUMNWIND PL

City	State	Zip Code
TUCSON	AZ	85730-4440

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.167220**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2361 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SIRJE SMITH**

Mailing Address 10042 E AUTUMNWIND PL

City

TUCSON

State

AZ

Zip Code

85730-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171197**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2015

25

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SIRJE SMITH**

Mailing Address 10042 E AUTUMNWIND PL

City

TUCSON

State

AZ

Zip Code

85730-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175473**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 13 / 2015

13

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SIRJE SMITH**

Mailing Address 10042 E AUTUMNWIND PL

City

TUCSON

State

AZ

Zip Code

85730-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179136**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 28 / 2015

28

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2362 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TEMPEL SMITH JR.**

Mailing Address PO BOX 399

City

WADSWORTH

State

IL

Zip Code

60083-0399

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TEMPEL STEEL COMPANY OLD MILL CREEK

Occupation

CEO/VILLAGE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158249**

Date of Receipt

MM / DD / YYYY  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THAYER C. SMITH JR.**

Mailing Address 1700 S MACDILL AVE  
STE 340

City

TAMPA

State

FL

Zip Code

33629-5244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BOLD EAGLE LLC

Occupation

INVESTMENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158569**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TIM SMITH**

Mailing Address 1821 SANDALWOOD LN

City

NEWPORT BEACH

State

CA

Zip Code

92660-4332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.173036**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4000.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2363 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TOM SMITH**

Mailing Address 355 CHANDLER RD

City

SALISBURY

State

NC

Zip Code

28147-9566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163903**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City

HENRICO

State

VA

Zip Code

23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.157826**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City

HENRICO

State

VA

Zip Code

23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.158484**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1026.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2364 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.159991**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.162763**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.164276**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

76.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2365 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.165615**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.166530**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.169131**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2366 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.170331**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.171415**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.172818**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

135.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2367 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.173687**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.174227**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.175597**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

85.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2368 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WALTER SMITH**

Mailing Address 1900 LAUDERDALE DR., APT. D-203

City	State	Zip Code
HENRICO	VA	23238-3925

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

864.00

**Transaction ID : SA17.175871**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM SMITH**

Mailing Address 1932 KINGFISH RD

City	State	Zip Code
NAPLES	FL	34102-1534

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172511**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. SMITH**

Mailing Address 1200 MEADOWBROOK RD  
APT 18

City	State	Zip Code
JACKSON	MS	39206-6109

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174767**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2369 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. BRENT J. SMOLIK**

Mailing Address 2502 DEL MONTE DR

City

HOUSTON

State

TX

Zip Code

77019-3412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

EP ENERGY

Occupation

PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158998**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARY KATHERINE SMOLIK**

Mailing Address 2505 DEL MONTE DR

City

HOUSTON

State

TX

Zip Code

77019-3411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158997**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PAUL SMYCZEK**

Mailing Address N9047 E SHORE RD

City

EAST TROY

State

WI

Zip Code

53120-2152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166534**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2370 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL SMYCZEK**

Mailing Address **N9047 E SHORE RD**

City

**EAST TROY**

State

**WI**

Zip Code

**53120-2152**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166535**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SUSAN SNARE**

Mailing Address **2024 S KNOLL ST**

City

**ARLINGTON**

State

**VA**

Zip Code

**22202-2148**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1250.00**

**Transaction ID : SA17.167317**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SUSAN SNARE**

Mailing Address **2024 S KNOLL ST**

City

**ARLINGTON**

State

**VA**

Zip Code

**22202-2148**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1250.00**

**Transaction ID : SA17.172816**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2371 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. SUSAN SNARE**

Mailing Address 2024 S KNOLL ST

City	State	Zip Code
ARLINGTON	VA	22202-2148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.180078**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. VIRGINIA A. SNIAGON**

Mailing Address 5901 MOUNT EAGLE DR  
APT 1402

City	State	Zip Code
ALEXANDRIA	VA	22303-2511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INSTITUTE FOR DEFENSE ANALYSES

Occupation  
INTERNATIONAL DEFENSE STRATEGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174416**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARION G. SNIPES**

Mailing Address 6808 TRINITY LANDING DR N

City	State	Zip Code
FORT WORTH	TX	76132-3742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COLDWELL BANKER

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169448**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2372 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. IAN K. SNOW**

Mailing Address **667 MADISON AVE**  
**FL 18**

City **NEW YORK** State **NY** Zip Code **10065-8029**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SNOW PHIPPS**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157998**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY L. SOAVE**

Mailing Address **3400 E LAFAYETTE ST**

City **DETROIT** State **MI** Zip Code **48207-4962**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SOAVE ENTERPRISES**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161494**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT SOBEL**

Mailing Address **620 CAMINO RANCHEROS**

City **SANTA FE** State **NM** Zip Code **87505-2838**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.163101**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5900.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2373 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RAUL SOCARRAS**

Mailing Address **387A HERNDON AVE**

City	State	Zip Code
ORLANDO	FL	32803-5160

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOCARRAS & ASSOCIATES, INC**

Occupation  
**EXECUTIVE/ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.180453**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLES SODERSTROM**

Mailing Address **107 CHERRY ST**

City	State	Zip Code
NEW CANAAN	CT	06840-5521

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**IMPALA ASSET MANAGEMENT**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158920**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SARY SOEUNG**

Mailing Address **619 E 2ND ST**

City	State	Zip Code
GRAFTON	ND	58237-1205

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158342**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3725.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2374 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LINDA E. SOFTLI**

Mailing Address 1930 COLUMBIA RD NW

City  
WASHINGTON

State Zip Code  
DC 20009-5077

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.173595**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT SOHR**

Mailing Address 834 TYNE VALLEY CT

City  
NASHVILLE

State Zip Code  
TN 37220-1533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STS INVESTMENTS

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.134001**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LYN SOHR**

Mailing Address 834 TYNE VALLEY CT

City  
NASHVILLE

State Zip Code  
TN 37220-1533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B157013**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2375 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SCOTT SOHR**

Mailing Address 834 TYNE VALLEY CT

City	State	Zip Code
NASHVILLE	TN	37220-1533

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STS INVESTMENTS**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B157014**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. ALLISON SOKOL**

Mailing Address 437 N HIBISCUS DR

City	State	Zip Code
MIAMI BEACH	FL	33139-5125

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174352**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ELLIOT SOKOLOW**

Mailing Address 1430 S OCEAN BLVD  
APT 10A

City	State	Zip Code
POMPANO BEACH	FL	33062-2704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ENGINEERED AIR, LLC**

Occupation  
**AIR CONDITIONING CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.156493**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2376 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JERRY SOKOL**

Mailing Address 437 N HIBISCUS DR

City

MIAMI BEACH

State

FL

Zip Code

33139-5125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MCDERMOTT, WILL & EMERY

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174353**

Date of Receipt

MM / DD / YYYY  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TURGOT SOLAGES**

Mailing Address 1549 E 46TH ST

City

BROOKLYN

State

NY

Zip Code

11234-3122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STATEWIDE CAPITAL MORTGAGE CORP.

Occupation

MORTGAGE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.162815**

Date of Receipt

MM / DD / YYYY  
10 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JULIANA SOLHEIM**

Mailing Address 186 AVENUE B  
APT 4

City

NEW YORK

State

NY

Zip Code

10009-3649

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SUSAN G. KOMEN GREATER NYC

Occupation

DEVELOPMENT COORDINATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158307**

Date of Receipt

MM / DD / YYYY  
10 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2377 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES F. SOLKOVY**

Mailing Address 249 PATRIOT LN

City FREEDOM	State PA	Zip Code 15042-2675
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MASCARO CONSTRUCTION COMPANY

Occupation  
CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162148**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ROSEMARY SOLKOVY**

Mailing Address 249 PATRIOT LN

City FREEDOM	State PA	Zip Code 15042-2675
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162138**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JENNIFER SOLLARS**

Mailing Address 132 LAUREL RD

City HOLLYWOOD	State FL	Zip Code 33021-2822
-------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ENERGY AND ENVIRONMENTAL  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.153863**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-250.00

☐ Memo Item

**CHARGED BACK**

**Subtotal Of Receipts This Page** (optional).....

5150.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2378 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BAS SOLLEVELD**

Mailing Address **3832 RILEY ST**

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77005-4325**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ATLANTIC TRUST**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.162823**

Date of Receipt

**10 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANDREW SOLOMON**

Mailing Address **125 BROAD ST**

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10004-2400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159375**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARIA SOLORZANO**

Mailing Address **16356 E CORNWALL DR**

City  
**LOXAHATCHEE**

State  
**FL**

Zip Code  
**33470-4008**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.178967**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2379 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. VICTOR FERNANDO SOLORZANO**

Mailing Address 11530 NW 82ND TER

City	State	Zip Code
DORAL	FL	33178-1790

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FINEST DRYWALL**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159221**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOSHUA SOLOWAY**

Mailing Address 8212 CORDERO RD

City	State	Zip Code
WHITTIER	CA	90605-1313

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOLOWAY GROUP**

Occupation  
**LAW**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159294**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PETER M. SOMMERHAUSER**

Mailing Address 780 N WATER ST

City	State	Zip Code
MILWAUKEE	WI	53202-3512

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GODFREY & KAHN, SC**

Occupation  
**SHAREHOLDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158518**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2380 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ERIC SONDERLING**

Mailing Address **15631 GLENCREST AVE**

City	State	Zip Code
<b>DELRAY BEACH</b>	<b>FL</b>	<b>33446-9579</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
<b>FLORIDA HOUSING FINANCE CORPORATION</b>	<b>ATTORNEY</b>

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.162187**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>10</b>		<b>22</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MAXIMILIAN SONDLAND**

Mailing Address **3425 SW BRENTWOOD DR**

City	State	Zip Code
<b>PORTLAND</b>	<b>OR</b>	<b>97201-1619</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
<b>STUDENT</b>	<b>STUDENT</b>

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178081**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>21</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID SONNENBLICK**

Mailing Address **449 S BEVERLY DR**  
**STE 300**

City	State	Zip Code
<b>BEVERLY HILLS</b>	<b>CA</b>	<b>90212-4428</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer	Occupation
<b>SONNENBLICK-EICHNER COMPANY</b>	<b>PRINCIPAL</b>

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.176005**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>12</b>		<b>17</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2381 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

EFRAIN SORA

Mailing Address 1530 SW 139TH AVE

City	State	Zip Code
MIAMI	FL	33184-2711

FEC ID number of contributing federal political committee.

C

Name of Employer  
SORA GLOBAL INSURANCE & CONSULTINGOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.157719**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

EFRAIN SORA

Mailing Address 1530 SW 139TH AVE

City	State	Zip Code
MIAMI	FL	33184-2711

FEC ID number of contributing federal political committee.

C

Name of Employer  
SORA GLOBAL INSURANCE & CONSULTING LLCOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.167702**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

85.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

VALLI SORCI

Mailing Address 2361 FOXWORTH DR

City	State	Zip Code
PANAMA CITY	FL	32405-1928

FEC ID number of contributing federal political committee.

C

Name of Employer  
FLORIDA ARCHITECTS, INC.Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170710**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2835.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2382 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. COLLEEN SORRENTINO**

Mailing Address **81 FLAGG PL**

City <b>STATEN ISLAND</b>	State <b>NY</b>	Zip Code <b>10304-1118</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WALL STREET ACCESS**

Occupation  
**MONEY MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170055**

Date of Receipt

M M / D D / Y Y Y Y
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. HERSHEL DAVID SOSNOFF**

Mailing Address **PO BOX 165**

City <b>SILVER LAKE</b>	State <b>NH</b>	Zip Code <b>03875-0165</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.170020**

Date of Receipt

M M / D D / Y Y Y Y
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PRISMA SOTO**

Mailing Address **4307 PINTADO**

City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92618-0222</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE LATINO COALITION FOUNDATION**

Occupation  
**DIRECTOR OF OPERATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.177118**

Date of Receipt

M M / D D / Y Y Y Y
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**3750.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2383 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES SOULE**

Mailing Address PO BOX 327

City

NANTUCKET

State

MA

Zip Code

02554-0327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.157983**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES SOULE**

Mailing Address PO BOX 327

City

NANTUCKET

State

MA

Zip Code

02554-0327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.171969**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES SOULE**

Mailing Address PO BOX 327

City

NANTUCKET

State

MA

Zip Code

02554-0327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.176877**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2384 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN G. SOWINSKI**

Mailing Address **1580 WATERWITCH DR**

City	State	Zip Code
ORLANDO	FL	32806-7813

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CONSENSUS COMMUNICATIONS**

Occupation  
**PUBLIC RELATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158928**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOM SPAETH**

Mailing Address **10877 JERSEY CIR N**

City	State	Zip Code
BROOKLYN PARK	MN	55445-2316

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRAVELERS INSURANCE**

Occupation  
**PORTFOLIO MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166256**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARCUS SPAGNOLETTI**

Mailing Address **401 LOUISIANA ST**  
**FL 8**

City	State	Zip Code
HOUSTON	TX	77002-1629

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SPAGNOLETTI & ASSOCIATES**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163211**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2385 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARY C. SPAK**

Mailing Address 10 COMPASS CT

City

HUNTINGTON

State

NY

Zip Code

11743-2712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.160636**

Date of Receipt

**10** / **20** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MARY C. SPAK**

Mailing Address 10 COMPASS CT

City

HUNTINGTON

State

NY

Zip Code

11743-2712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.167993**

Date of Receipt

**11** / **13** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARY C. SPAK**

Mailing Address 10 COMPASS CT

City

HUNTINGTON

State

NY

Zip Code

11743-2712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.171882**

Date of Receipt

**11** / **30** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2386 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ERIC S. SPARKS**

Mailing Address **110 S CHURCH AVE**

City	State	Zip Code
TUCSON	AZ	85701-1608

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ERIC SLOCUM SPARKS PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1150.00**

**Transaction ID : SA17.158906**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ERIC S. SPARKS**

Mailing Address **110 S CHURCH AVE**

City	State	Zip Code
TUCSON	AZ	85701-1608

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ERIC SLOCUM SPARKS PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1150.00**

**Transaction ID : SA17.163403**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ERIC S. SPARKS**

Mailing Address **110 S CHURCH AVE**

City	State	Zip Code
TUCSON	AZ	85701-1608

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ERIC SLOCUM SPARKS PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1150.00**

**Transaction ID : SA17.171428**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2387 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ERIC S. SPARKS**

Mailing Address **110 S CHURCH AVE**

City	State	Zip Code
<b>TUCSON</b>	<b>AZ</b>	<b>85701-1608</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ERIC SLOCUM SPARKS PC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1150.00**

**Transaction ID : SA17.178701**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CAROL SPEARS**

Mailing Address **1 STATION PL**

City	State	Zip Code
<b>STAMFORD</b>	<b>CT</b>	<b>06902-6800</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164461**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN SPEARS**

Mailing Address **1 STATION PL**

City	State	Zip Code
<b>STAMFORD</b>	<b>CT</b>	<b>06902-6800</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TWEEDY BROWNE**

Occupation  
**INVESTMENT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164462**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2388 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KATE DENNIS SPEAR**

Mailing Address PO BOX 6251

City

GULFPORT

State

MS

Zip Code

39506-6251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SPECIALTY CONTRACTORS AND ASSOCIAT

Occupation

VP SALES & DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174277**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE G. SPEER III**

Mailing Address 5139 MAGNOLIA BAY CIR

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-6735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KITSON & PARTNERS

Occupation

ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158880**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRANK SPELL**

Mailing Address 15173 BURNT PINES RD

City

NORTHPORT

State

AL

Zip Code

35475-3303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170926**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2389 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDSON W. SPENCER JR.**

Mailing Address 180 LAKEVIEW LN

City	State	Zip Code
WAYZATA	MN	55391-1521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFFINITY CAPITAL

Occupation  
VENTURE CAPITAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170089**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH F. SPENCE**

Mailing Address 1805 W LAKE ST  
UNIT 304

City	State	Zip Code
MINNEAPOLIS	MN	55408-4254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRAVELERS COMPANIES INC.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172997**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS S. SPENCER JR.**

Mailing Address 22668 SW 94TH PATH  
STE 532

City	State	Zip Code
CUTLER BAY	FL	33190-1265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THOMAS SPENCER PA

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.156385**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2390 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS S. SPENCER JR.**

Mailing Address 22668 SW 94TH PATH  
STE 532

City State Zip Code  
CUTLER BAY FL 33190-1265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THOMAS SPENCER PA

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.156386**

Date of Receipt

M M / D D / Y Y Y Y  
10 03 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS S. SPENCER JR.**

Mailing Address 22668 SW 94TH PATH  
STE 532

City State Zip Code  
CUTLER BAY FL 33190-1265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THOMAS SPENCER PA

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.165520**

Date of Receipt

M M / D D / Y Y Y Y  
11 02 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PETER SPIER**

Mailing Address 4939 MEADOWLARK DR

City State Zip Code  
EL PASO TX 79922-2023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAPITAL BANK

Occupation  
BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175100**

Date of Receipt

M M / D D / Y Y Y Y  
12 09 2015

## **CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1200.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2391 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SANDER SPIERINGS**

Mailing Address 30 FAIRWAY AVE

City	State	Zip Code
RYE	NY	10580-3100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ABN AMRO

Occupation  
INVESTMENT BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158463**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES SPINALE**

Mailing Address 595 KIMBERLY ST

City	State	Zip Code
BIRMINGHAM	MI	48009-1116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PERSONAL TRAINER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160703**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. DOLORES SPINA**

Mailing Address 767 WOODLEA RD

City	State	Zip Code
BRYN MAWR	PA	19010-1138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

**Transaction ID : SA17.168101**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2392 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. DOLORES SPINA**

Mailing Address 767 WOODLEA RD

City	State	Zip Code
BRYN MAWR	PA	19010-1138

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

**Transaction ID : SA17.172735**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. DOLORES SPINA**

Mailing Address 767 WOODLEA RD

City	State	Zip Code
BRYN MAWR	PA	19010-1138

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

**Transaction ID : SA17.174213**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. DOLORES SPINA**

Mailing Address 767 WOODLEA RD

City	State	Zip Code
BRYN MAWR	PA	19010-1138

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

**Transaction ID : SA17.175318**

Date of Receipt

**12 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2393 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. DOLORES SPINA**

Mailing Address 767 WOODLEA RD

City	State	Zip Code
BRYN MAWR	PA	19010-1138

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

**Transaction ID : SA17.180081**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARGARET SPINALE**

Mailing Address 595 KIMBERLY ST

City	State	Zip Code
BIRMINGHAM	MI	48009-1116

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STATE FARM

Occupation  
AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160725**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KERRY SPRADLEY**

Mailing Address 13604 GOLDEN WAVE LOOP

City	State	Zip Code
BEE CAVE	TX	78738-7035

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AMPLUS DATA, INC.

Occupation  
TELCOM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.163135**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2394 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KERRY SPRADLEY**

Mailing Address 13604 GOLDEN WAVE LOOP

City	State	Zip Code
BEE CAVE	TX	78738-7035

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AMPLUS DATA, INC.

Occupation  
TELCOM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.171391**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KERRY SPRADLEY**

Mailing Address 13604 GOLDEN WAVE LOOP

City	State	Zip Code
BEE CAVE	TX	78738-7035

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AMPLUS DATA, INC.

Occupation  
TELCOM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.171395**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KERRY SPRADLEY**

Mailing Address 13604 GOLDEN WAVE LOOP

City	State	Zip Code
BEE CAVE	TX	78738-7035

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AMPLUS DATA, INC.

Occupation  
TELCOM MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.177683**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2395 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KERRY SPRADLEY**

Mailing Address 13604 GOLDEN WAVE LOOP

City	State	Zip Code
BEE CAVE	TX	78738-7035

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AMPLUS DATA, INC.**

Occupation  
**TELCOM MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.178661**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ERIC SPRAYBERRY**

Mailing Address 11462 TIERCE PATTON RD

City	State	Zip Code
NORTHPORT	AL	35475-3752

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171192**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANET SPRAYBERRY**

Mailing Address 11462 TIERCE PATTON RD

City	State	Zip Code
NORTHPORT	AL	35475-3752

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170686**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2396 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ERNEST ST. LOUIS**

Mailing Address **220 RIVERSIDE DR**

City

**MORGANTON**

State

**NC**

Zip Code

**28655-3721**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.170611**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT P. STACK**

Mailing Address **16 FARBER RD**

City

**PRINCETON**

State

**NJ**

Zip Code

**08540-5913**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COI**

Occupation

**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.174076**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. KRISTY STAINBACK**

Mailing Address **2170 FLEMINGTOWN RD**

City

**HENDERSON**

State

**NC**

Zip Code

**27537-9801**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**STAINBACK BROTHERS LLC**

Occupation

**OFFICE MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170666**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3400.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2397 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RODNEY G. STAINBACK**

Mailing Address 2170 FLEMINGTOWN RD

City	State	Zip Code
HENDERSON	NC	27537-9801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STAINBACK BROTHERS LLC**

Occupation  
**FARMER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170681**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES P. STALL**

Mailing Address 3205 CACTUS HEIGHTS LN

City	State	Zip Code
PEARLAND	TX	77581-3535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRITON DIVING SERVICES, LLC**

Occupation  
**COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169818**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES P. STALL**

Mailing Address 3205 CACTUS HEIGHTS LN

City	State	Zip Code
PEARLAND	TX	77581-3535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRITON DIVING SERVICES, LLC**

Occupation  
**COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169818B**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2398 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KAREN T. STALL**

Mailing Address 3205 CACTUS HEIGHTS LN

City	State	Zip Code
PEARLAND	TX	77581-3535

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169819**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. IAN STALLER**

Mailing Address 6325 S JONES BLVD  
STE 500

City	State	Zip Code
LAS VEGAS	NV	89118-3336

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SOUTHERN WINE & SPIRITS

Occupation  
E.V.P.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177129**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LUKAS STAMATAKIS**

Mailing Address 24 W ORANGE ST

City	State	Zip Code
LANCASTER	PA	17603-4637

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ARMSTRONG WORLD INDUSTRIES

Occupation  
FINANCE ASSOCIATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

**Transaction ID : SA17.180679**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2600.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2399 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ASHLEY STAMPER**

Mailing Address 15321 BEAMLEIGH RD

City	State	Zip Code
WINTER GARDEN	FL	34787-4610

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LAKE HIGHLAND PREPARATORY SCHOOL

Occupation  
TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.160194**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ASHLEY STAMPER**

Mailing Address 15321 BEAMLEIGH RD

City	State	Zip Code
WINTER GARDEN	FL	34787-4610

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LAKE HIGHLAND PREPARATORY SCHOOL

Occupation  
TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.167086**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ASHLEY STAMPER**

Mailing Address 15321 BEAMLEIGH RD

City	State	Zip Code
WINTER GARDEN	FL	34787-4610

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LAKE HIGHLAND PREPARATORY SCHOOL

Occupation  
TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.169849**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2400 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ASHLEY STAMPER**

Mailing Address 15321 BEAMLEIGH RD

City

WINTER GARDEN

State

FL

Zip Code

34787-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAKE HIGHLAND PREPARATORY SCHOOL

Occupation

TEACHER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.177738**

Date of Receipt

MM / DD / YYYY  
12 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN STAMPER**

Mailing Address 3600 S GILPIN ST

City

ENGLEWOOD

State

CO

Zip Code

80113-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160800**

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL STANKEY**

Mailing Address 18359 BEARPATH TRL

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WORKDAY

Occupation

DIRECTOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174274**

Date of Receipt

MM / DD / YYYY  
12 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2401 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. REBEKAH K. STAPLES**

Mailing Address 1688 LAUREL ST

City	State	Zip Code
JACKSON	MS	39202-1270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FREE STATE STRATEGIES LLC**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174075**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT STAPLETON**

Mailing Address 877 LAKE HOUSE DR

City	State	Zip Code
NORTH PALM BEACH	FL	33408-3309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STIFEL**

Occupation  
**BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.178594**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EUGENE E. STARR**

Mailing Address 2155 S OWASSO AVE

City	State	Zip Code
TULSA	OK	74114-1235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ARCHITECT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177122**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2402 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID W. STAUDT**

Mailing Address 23715 NILAN DR

City

NOVI

State

MI

Zip Code

48375-3746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ALLIANCE BRANDS STAFFING

Occupation

DIRECTOR - IT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170861**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. STAUP JR.**

Mailing Address 11635 E CARON ST

City

SCOTTSDALE

State

AZ

Zip Code

85259-5914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PORSCHE N. SCOTTSDALE

Occupation

PORSCHE SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.155178**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2000.00

☐ Memo Item

CHECK RETURNED BY BANK

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. STAUP JR.**

Mailing Address 11635 E CARON ST

City

SCOTTSDALE

State

AZ

Zip Code

85259-5914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PORSCHE N. SCOTTSDALE

Occupation

PORSCHE SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.162170**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2403 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CARRIE STAUT**

Mailing Address 11059 RAMBLING TRL

City	State	Zip Code
MIDLAND	GA	31820-4625

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TSYS

Occupation  
SALES DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157204**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SCOTT STAUT**

Mailing Address 11059 RAMBLING TRL

City	State	Zip Code
MIDLAND	GA	31820-4625

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PRIVATE INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157203**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2600.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM S. STAVROPOULOS**

Mailing Address 8665 BAY COLONY DR  
APT 803

City	State	Zip Code
NAPLES	FL	34108-6769

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166621**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2404 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN HOWARD STECKER**

Mailing Address 15 MOLA RD

City	State	Zip Code
NORWALK	CT	06851-2517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GENERAL REINSURANCE CORPORATION**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.162333**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BRIAN STEEG**

Mailing Address 2500 N HOUSTON ST

City	State	Zip Code
DALLAS	TX	75219-7655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.168391**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. KAREN L. STEELE**

Mailing Address 267 BARCELONA RD

City	State	Zip Code
WEST PALM BEACH	FL	33401-7707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158886**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1750.00

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2405 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL STEEN**

Mailing Address 4011 VILLANOVA ST

City

HOUSTON

State

TX

Zip Code

77005-3643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FIRST RESERVE

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.159409**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAUL STEEN**

Mailing Address 4011 VILLANOVA ST

City

HOUSTON

State

TX

Zip Code

77005-3643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FIRST RESERVE

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176509**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELENA STEFANOPOULOS**

Mailing Address 2130 W ALLUVIAL AVE

City

FRESNO

State

CA

Zip Code

93711-0441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STAMOULES PRODUCE

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161883**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2406 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GUIDO STEFANELLI**

Mailing Address **2207 BANCROFT ST**  
**APT 1604**

City **HOUSTON** State **TX** Zip Code **77027-3732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SM CORP**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.163129**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PEGGY STEFANOPOULOS**

Mailing Address **2140 W ALLUVIAL AVE**

City **FRESNO** State **CA** Zip Code **93711-0441**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STAMOULES PRODUCE**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161879**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID STEGMAIER**

Mailing Address **117 KESWICK CT**

City **WINCHESTER** State **VA** Zip Code **22602-7807**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US HOUSE OF REPRESENTATIVES**

Occupation  
**DIRECTOR OF COMMUNITY OUTREACH**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**236.00**

**Transaction ID : SA17.164300**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3201.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2407 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID STEGMAIER**

Mailing Address 117 KESWICK CT

City

WINCHESTER

State

VA

Zip Code

22602-7807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

US HOUSE OF REPRESENTATIVES

Occupation

DIRECTOR OF COMMUNITY OUTREACH

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

236.00

**Transaction ID : SA17.169114**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID STEGMAIER**

Mailing Address 117 KESWICK CT

City

WINCHESTER

State

VA

Zip Code

22602-7807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

US HOUSE OF REPRESENTATIVES

Occupation

DIRECTOR OF COMMUNITY OUTREACH

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

236.00

**Transaction ID : SA17.172824**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CONRAD STEINMANN**

Mailing Address 211 E 18TH ST  
APT 6M

City

NEW YORK

State

NY

Zip Code

10003-3628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CAPITAL ONE

Occupation

BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.162727**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

105.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2408 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DALE STEINBACH**

Mailing Address **15443 38TH LN S**  
**APT 84**

City	State	Zip Code
TUKWILA	WA	98188-8034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEPARTMENT OF VETERANS AFFAIRS**

Occupation  
**VETERANS SERVICE REPRESENTATIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.157834**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DALE STEINBACH**

Mailing Address **15443 38TH LN S**  
**APT 84**

City	State	Zip Code
TUKWILA	WA	98188-8034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEPARTMENT OF VETERANS AFFAIRS**

Occupation  
**VETERANS SERVICE REPRESENTATIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.160549**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DALE STEINBACH**

Mailing Address **15443 38TH LN S**  
**APT 84**

City	State	Zip Code
TUKWILA	WA	98188-8034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEPARTMENT OF VETERANS AFFAIRS**

Occupation  
**VETERANS SERVICE REPRESENTATIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.167555**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2409 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DALE STEINBACH**

Mailing Address **15443 38TH LN S**  
**APT 84**

City	State	Zip Code
TUKWILA	WA	98188-8034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEPARTMENT OF VETERANS AFFAIRS**

Occupation  
**VETERANS SERVICE REPRESENTATIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.169747**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DALE STEINBACH**

Mailing Address **15443 38TH LN S**  
**APT 84**

City	State	Zip Code
TUKWILA	WA	98188-8034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEPARTMENT OF VETERANS AFFAIRS**

Occupation  
**VETERANS SERVICE REPRESENTATIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.172283**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DALE STEINBACH**

Mailing Address **15443 38TH LN S**  
**APT 84**

City	State	Zip Code
TUKWILA	WA	98188-8034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEPARTMENT OF VETERANS AFFAIRS**

Occupation  
**VETERANS SERVICE REPRESENTATIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.177090**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**125.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2410 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

DALE STEINBACH

Mailing Address 15443 38TH LN S  
APT 84

City	State	Zip Code
TUKWILA	WA	98188-8034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEPARTMENT OF VETERANS AFFAIRS

Occupation

VETERANS SERVICE REPRESENTATIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.181062**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

LAWRENCE E. STEINBERG

Mailing Address 10131 HOLLOW WAY RD

City	State	Zip Code
DALLAS	TX	75229-6634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAGLE EQUITY INC.

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.167289**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MR. MICHAEL H. STEINBERG

Mailing Address 125 BROAD ST

City	State	Zip Code
NEW YORK	NY	10004-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SULLIVAN &amp; CROMWELL LLP

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.168556**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2025.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2411 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT G. STEINER**

Mailing Address 600 W BROADWAY  
STE 2600

City State Zip Code  
SAN DIEGO CA 92101-3372

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.172358**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TODD J. STEIN**

Mailing Address 3355 BLACKBURN ST  
APT 9402

City State Zip Code  
DALLAS TX 75204-4510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRAESIDE CAPITAL, L.P.

Occupation  
FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166333**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CHRISTINA STENSTROM**

Mailing Address 710 HARBOR DR

City State Zip Code  
KEY BISCAYNE FL 33149-1710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.161603**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2412 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CHRISTINA STENSTROM**

Mailing Address 710 HARBOR DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-1710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.161603B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

-500.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CHRISTINA STENSTROM**

Mailing Address 710 HARBOR DR

City	State	Zip Code
KEY BISCAVNE	FL	33149-1710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.168230**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**HEATHER STENSTROM**

Mailing Address 4990 SW 86TH ST

City	State	Zip Code
MIAMI	FL	33143-8523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161602**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

500.00

Total This Period (last page this line number only) .....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2413 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****JAMES STEPHENS**

Mailing Address 1416 PADDOCK CLUB DR

City	State	Zip Code
PANAMA CITY BEACH	FL	32407-2485

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173307**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****MR. JOHN JOSEPH STEPHENS**

Mailing Address 6422 LUPTON DR

City	State	Zip Code
DALLAS	TX	75225-2321

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
JACKSON WALKER, LLPOccupation  
EXECUTIVE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.170839**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****MR. ROGER W. STEPHEN**

Mailing Address 465 COLUMBIA CIR

City	State	Zip Code
PASADENA	CA	91105-3306

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UBS FINANCIAL SERVICESOccupation  
FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173060**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2414 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD J. STERNE**

Mailing Address **117 E 72ND ST**  
**# 12**

City **NEW YORK** State **NY** Zip Code **10021-4249**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIGHTYEAR CAPITAL**

Occupation  
**PRIVATE EQUITY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175366**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AIRIKA STEVENS**

Mailing Address **1217 XANTHISMA AVE**

City **MCALLEN** State **TX** Zip Code **78504-3520**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WIL-CON**

Occupation  
**OFFICE MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.180086**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BAYNE STEVENSON**

Mailing Address **PO BOX 1812**

City **BOCA GRANDE** State **FL** Zip Code **33921-1812**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.180087**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 2415 / 5419

16	<input checked="" type="checkbox"/> 17a	17b	17c	17d	18
19a	19b	20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A.** Full Name (Last, First, Middle Initial)

MR. FRANK L. STEVENS III

Mailing Address 2731 BLAIRSTONE RD  
APT 82

City	State	Zip Code
TALLAHASSEE	FL	32301-5910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN STRATEGY GROUPOccupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.158616

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

## CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)

MR. JEFFREY STEVENSON

Mailing Address 1021 PARK AVE

City	State	Zip Code
NEW YORK	NY	10028-0959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VSSOccupation  
PE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.170050

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

JENNA STEVENSON

Mailing Address 535 BEAVER RD

City	State	Zip Code
EDGEWORTH	PA	15143-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DESIGNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

683.00

Transaction ID : SA17.164061

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3250.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2416 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

JENNA STEVENSON

Mailing Address 535 BEAVER RD

City

EDGEWORTH

State

PA

Zip Code

15143-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DESIGNER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

683.00

**Transaction ID : SA17.174674**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

RITA STEVENS

Mailing Address 42331 W MICHAELS DR

City

MARICOPA

State

AZ

Zip Code

85138-8685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.164427**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

RITA STEVENS

Mailing Address 42331 W MICHAELS DR

City

MARICOPA

State

AZ

Zip Code

85138-8685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.173816**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

235.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2417 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RITA STEVENS**

Mailing Address 42331 W MICHAELS DR

City

MARICOPA

State

AZ

Zip Code

85138-8685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.178238**

Date of Receipt

MM / DD / YYYY  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FRANK B. STEWART JR.**

Mailing Address 5860 BELLAIRE DR

City

NEW ORLEANS

State

LA

Zip Code

70124-1104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STEWART CAPITAL

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163190**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JANE STEWART**

Mailing Address 12850 53RD ST N

City

STILLWATER

State

MN

Zip Code

55082-1063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.166685**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2810.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2418 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JANE STEWART**

Mailing Address 12850 53RD ST N

City	State	Zip Code
STILLWATER	MN	55082-1063

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.173935**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JANE STEWART**

Mailing Address 12850 53RD ST N

City	State	Zip Code
STILLWATER	MN	55082-1063

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.178239**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PAUL A. STEWART**

Mailing Address 4713 N CUMBERLAND BLVD

City	State	Zip Code
WHITEFISH BAY	WI	53211-1148

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PS CAPITAL PARTNERS

Occupation  
PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158503**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2419 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT STEWART**

Mailing Address 8040 E DEL CAVERNA DR

City	State	Zip Code
SCOTTSDALE	AZ	85258-2223

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.170237**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. STEPHANIE D. STEWART**

Mailing Address 5205 N O CONNOR BLVD  
STE 200

City	State	Zip Code
IRVING	TX	75039-3789

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PIONEER NATURAL RESOURCES

Occupation  
CIO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.161359**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW STIFEL**

Mailing Address 4746 34TH RD N

City	State	Zip Code
ARLINGTON	VA	22207-4210

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LEIDOS

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162289**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2420 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE J. STILL JR.**

Mailing Address 225 CAMINO AL LAGO

City	State	Zip Code
ATHERTON	CA	94027-5424

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177893**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK STITZER**

Mailing Address 290 ROUND HILL RD

City	State	Zip Code
GREENWICH	CT	06831-3360

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HAMLIN CAPITAL MANAGEMENT

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158923**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.157956**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2421 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City State Zip Code  
ORLANDO FL 32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.162685**

Date of Receipt

M M / D D / Y Y Y Y  
10 24 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City State Zip Code  
ORLANDO FL 32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.163595**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City State Zip Code  
ORLANDO FL 32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.164493**

Date of Receipt

M M / D D / Y Y Y Y  
10 29 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2422 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.165527**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.166022**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.166216**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2423 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.166219**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.167590**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.167812**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

54.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

104.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2424 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City State Zip Code  
ORLANDO FL 32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.168045**

Date of Receipt

M M / D D / Y Y Y Y  
11 12 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City State Zip Code  
ORLANDO FL 32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.170021**

Date of Receipt

M M / D D / Y Y Y Y  
11 17 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City State Zip Code  
ORLANDO FL 32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.171261**

Date of Receipt

M M / D D / Y Y Y Y  
11 25 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2425 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.172880**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

31.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.174832**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.174834**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

81.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2426 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.175512**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.176173**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HUGH STOCKTON**

Mailing Address 3715 S LAKE ORLANDO PKWY  
APT 9

City	State	Zip Code
ORLANDO	FL	32808-3057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

**Transaction ID : SA17.178361**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2427 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARGARET STOCK**

Mailing Address PO BOX 241908

City

ANCHORAGE

State

AK

Zip Code

99524-1908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CASCADIA CROSS BORDER LAW GROUP LLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

889.00

**Transaction ID : SA17.165038**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARGARET STOCK**

Mailing Address PO BOX 241908

City

ANCHORAGE

State

AK

Zip Code

99524-1908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CASCADIA CROSS BORDER LAW GROUP LLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

889.00

**Transaction ID : SA17.172882**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

139.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHARLES A. STOKES**

Mailing Address 4010 DRAKESTONE

City

ROWLETT

State

TX

Zip Code

75088-6539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169449**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

889.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2428 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SANDRA STOKES**

Mailing Address 2210 ROCKBERRY CT

City

LOGANVILLE

State

GA

Zip Code

30052-7707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STOKES FOR KIDS, INC.

Occupation

SALES REP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.162457**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SANDRA STOKES**

Mailing Address 2210 ROCKBERRY CT

City

LOGANVILLE

State

GA

Zip Code

30052-7707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STOKES FOR KIDS, INC.

Occupation

SALES REP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.173336**

Date of Receipt

**12 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH STOLPE**

Mailing Address 49 BRIAR HOLLOW LN

City

HOUSTON

State

TX

Zip Code

77027-9312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SHELL OIL

Occupation

GENERAL MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.159932**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

175.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2429 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH STOLPE**

Mailing Address 49 BRIAR HOLLOW LN

City

HOUSTON

State

TX

Zip Code

77027-9312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SHELL OIL

Occupation  
GENERAL MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.165239**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELIZABETH STOLPE**

Mailing Address 49 BRIAR HOLLOW LN

City

HOUSTON

State

TX

Zip Code

77027-9312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SHELL OIL

Occupation  
GENERAL MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.172775**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH STOLPE**

Mailing Address 49 BRIAR HOLLOW LN

City

HOUSTON

State

TX

Zip Code

77027-9312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SHELL OIL

Occupation  
GENERAL MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.181056**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2430 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DARY STONE**

Mailing Address 3600 MARQUETTE ST

City	State	Zip Code
DALLAS	TX	75225-5125

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RD STONE INTERESTS

Occupation  
PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166373**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RONALD STONE**

Mailing Address 5767 ALTON RD

City	State	Zip Code
MIAMI BEACH	FL	33140-2020

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMPREHENSIVE UNDERWRITERS, INC

Occupation  
INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169235**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HARVEY STOTLAND**

Mailing Address 3628 NORMANDY AVE

City	State	Zip Code
DALLAS	TX	75205-2103

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175248**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2431 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. TARA LYN STOTLAND**

Mailing Address 3628 NORMANDY AVE

City	State	Zip Code
DALLAS	TX	75205-2103

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WOODCOTE MANAGEMENT ASSOCIATES**

Occupation  
**MANAGING PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168325**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CORNELIUS W. STOVER**

Mailing Address 6867 ROUTE208 P.O. BOX X

City	State	Zip Code
KNOX	PA	16232-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

228.00

**Transaction ID : SA17.162236**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CORNELIUS W. STOVER**

Mailing Address 6867 ROUTE208 P.O. BOX X

City	State	Zip Code
KNOX	PA	16232-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

228.00

**Transaction ID : SA17.162239**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

6.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1716.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2432 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CORNELIUS W. STOVER**

Mailing Address **6867 ROUTE208 P.O. BOX X**

City	State	Zip Code
KNOX	PA	16232-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**228.00**

**Transaction ID : SA17.169039**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CORNELIUS W. STOVER**

Mailing Address **6867 ROUTE208 P.O. BOX X**

City	State	Zip Code
KNOX	PA	16232-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**228.00**

**Transaction ID : SA17.170406**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**6.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CORNELIUS W. STOVER**

Mailing Address **6867 ROUTE208 P.O. BOX X**

City	State	Zip Code
KNOX	PA	16232-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**228.00**

**Transaction ID : SA17.175240**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**56.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2433 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CORNELIUS W. STOVER**

Mailing Address **6867 ROUTE208 P.O. BOX X**

City	State	Zip Code
KNOX	PA	16232-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**228.00**

**Transaction ID : SA17.177319**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CORNELIUS W. STOVER**

Mailing Address **6867 ROUTE208 P.O. BOX X**

City	State	Zip Code
KNOX	PA	16232-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**228.00**

**Transaction ID : SA17.178399**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**6.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CORNELIUS W. STOVER**

Mailing Address **6867 ROUTE208 P.O. BOX X**

City	State	Zip Code
KNOX	PA	16232-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**228.00**

**Transaction ID : SA17.180093**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**56.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2434 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH S. STOWERS**

Mailing Address 8733 INLET DR

City	State	Zip Code
KNOXVILLE	TN	37922-6459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158585**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. HARRY W. STOWERS JR.**

Mailing Address 8733 INLET DR

City	State	Zip Code
KNOXVILLE	TN	37922-6459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STOWERS MACHINERY CORP.

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158596**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**TIMOTHY STRADER**

Mailing Address 4 RUE GRAND DUCAL

City	State	Zip Code
NEWPORT BEACH	CA	92660-5906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.176191**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2435 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHRISTOPH STRASSER**

Mailing Address 1000 MASON ST  
APT 201

City State Zip Code  
SAN FRANCISCO CA 94108-1975

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RK ADVISORY LLC

Occupation  
INVESTMENT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160758**

Date of Receipt

M M / D D / Y Y Y Y  
10 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KELLY STRICKLING**

Mailing Address 2206 SEABOARD AVE

City State Zip Code  
MIDLAND TX 79705-7442

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PATRIOT RESOURCES

Occupation  
GEOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168636**

Date of Receipt

M M / D D / Y Y Y Y  
11 16 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SAMANTHA STRICKLAND**

Mailing Address 213 SUMMERBROOKE DR

City State Zip Code  
TALLAHASSEE FL 32312-6701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE PODADVERTISING

Occupation  
OWNER/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.163557**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2436 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. BRENN A STRINE**

Mailing Address 42 DANS HWY

City

NEW CANAAN

State

CT

Zip Code

06840-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162842**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID STRINE**

Mailing Address 42 DANS HWY

City

NEW CANAAN

State

CT

Zip Code

06840-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMPALA ASSET MANAGEMENT

Occupation  
PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159633**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

230.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID STRINE**

Mailing Address 42 DANS HWY

City

NEW CANAAN

State

CT

Zip Code

06840-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMPALA ASSET MANAGEMENT

Occupation  
PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162182**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2437 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID STRINE**

Mailing Address 42 DANS HWY

City

NEW CANAAN

State

CT

Zip Code

06840-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IMPALA ASSET MANAGEMENT

Occupation

PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162843**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2450.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FREDERICK STRONG**

Mailing Address 402 HONEYSUCKLE LN

City

YORKTOWN

State

VA

Zip Code

23693-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161457**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FREDERICK STRONG**

Mailing Address 402 HONEYSUCKLE LN

City

YORKTOWN

State

VA

Zip Code

23693-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170023**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2550.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2438 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FREDERICK STRONG**

Mailing Address 402 HONEYSUCKLE LN

City	State	Zip Code
YORKTOWN	VA	23693-5708

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175999**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ERICH STRUCKMEYER**

Mailing Address PO BOX 497

City	State	Zip Code
FOX RIVER GROVE	IL	60021-0497

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
THE CHAMBERLAIN GROUP

Occupation  
NEW BUSINESS DEVELOPMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157052**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARY J. STUART**

Mailing Address 6450 SPARROW HAWK DR

City	State	Zip Code
WEST PALM BEACH	FL	33412-3058

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CELEDINAS

Occupation  
INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157639**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2439 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEITH STUDDARD**

Mailing Address **5403 HAWTHORNE PL NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20016-2666**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**JEFFREY J. KIMBELL & ASSOCIATES**

Occupation

**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.161915**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MIKE S. STUDE**

Mailing Address **815 WALKER ST**  
**STE 1650**

City

**HOUSTON**

State

**TX**

Zip Code

**77002-5748**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.169364**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MIKE S. STUDE**

Mailing Address **815 WALKER ST**  
**STE 1650**

City

**HOUSTON**

State

**TX**

Zip Code

**77002-5748**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.169364B**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-100.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**350.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2440 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MR. MIKE S. STUDE

Mailing Address 815 WALKER ST  
STE 1650

City	State	Zip Code
HOUSTON	TX	77002-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.183893**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

MS. JANE STURGES

Mailing Address 2427 SAINT DAVID ISLAND CT

City	State	Zip Code
PUNTA GORDA	FL	33950-8153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169236**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MR. DENVER J. STUTLER JR.

Mailing Address P.O. BOX 115466

City	State	Zip Code
SARASOTA	FL	34277-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POLSTON APPLIED TECHNOLOGIESOccupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173012**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1500.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2441 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DENVER J. STUTLER JR.**

Mailing Address P.O. BOX 115466

City	State	Zip Code
SARASOTA	FL	34277-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**POLSTON APPLIED TECHNOLOGIES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180537**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

## CONTRIBUTION

Amount of Each Receipt this Period

700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ROGER STUTZ**

Mailing Address 15003 GLADEBROOK DR

City	State	Zip Code
HOUSTON	TX	77068-2303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.166698**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ROGER STUTZ**

Mailing Address 15003 GLADEBROOK DR

City	State	Zip Code
HOUSTON	TX	77068-2303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.174011**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

800.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2442 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROGER STUTZ**

Mailing Address 15003 GLADEBROOK DR

City  
HOUSTON

State  
TX

Zip Code  
77068-2303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.178241**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SCOTT STYSLINGER**

Mailing Address 5331 E MOCKINGBIRD LN

City  
DALLAS

State  
TX

Zip Code  
75206-5169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180558**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. OSVALDO SUAREZ**

Mailing Address 14531 HARRIS PL

City  
MIAMI LAKES

State  
FL

Zip Code  
33014-2725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OLIVA CIGARS

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174376**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2443 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUREAU OF WORKFORCE SERVICES

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.155331**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUREAU OF WORKFORCE SERVICES

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.156466**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUREAU OF WORKFORCE SERVICES

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.162666**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

36.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2444 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.165063**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.165503**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.165807**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

27.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2445 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.165813**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.166193**

Date of Receipt

**11 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.166966**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

31.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2446 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

CHARMAINE SUAZO

Mailing Address 1301 W VERDUGO AVE

City

BURBANK

State

CA

Zip Code

91506-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUREAU OF WORKFORCE SERVICES

Occupation

CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.168765**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

CHARMAINE SUAZO

Mailing Address 1301 W VERDUGO AVE

City

BURBANK

State

CA

Zip Code

91506-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUREAU OF WORKFORCE SERVICES

Occupation

CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.169170**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

CHARMAINE SUAZO

Mailing Address 1301 W VERDUGO AVE

City

BURBANK

State

CA

Zip Code

91506-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUREAU OF WORKFORCE SERVICES

Occupation

CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.169828**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2447 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City

BURBANK

State

CA

Zip Code

91506-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUREAU OF WORKFORCE SERVICES

Occupation

CLERICAL

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.169829**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City

BURBANK

State

CA

Zip Code

91506-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUREAU OF WORKFORCE SERVICES

Occupation

CLERICAL

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.170111**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City

BURBANK

State

CA

Zip Code

91506-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUREAU OF WORKFORCE SERVICES

Occupation

CLERICAL

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.170354**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2448 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUREAU OF WORKFORCE SERVICES

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.170948**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUREAU OF WORKFORCE SERVICES

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.171101**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUREAU OF WORKFORCE SERVICES

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.171229**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2449 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.172469**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.173287**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.174128**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2450 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.174813**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.175133**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.175485**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2451 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUREAU OF WORKFORCE SERVICES

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.176086**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUREAU OF WORKFORCE SERVICES

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.177157**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUREAU OF WORKFORCE SERVICES

Occupation  
CLERICAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.177699**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

31.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2452 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City

BURBANK

State

CA

Zip Code

91506-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUREAU OF WORKFORCE SERVICES

Occupation

CLERICAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.177700**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City

BURBANK

State

CA

Zip Code

91506-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUREAU OF WORKFORCE SERVICES

Occupation

CLERICAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.177701**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City

BURBANK

State

CA

Zip Code

91506-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUREAU OF WORKFORCE SERVICES

Occupation

CLERICAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.177753**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2453 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.178292**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.178543**

Date of Receipt

**12 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.179368**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2454 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARMAINE SUAZO**

Mailing Address 1301 W VERDUGO AVE

City	State	Zip Code
BURBANK	CA	91506-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUREAU OF WORKFORCE SERVICES**

Occupation  
**CLERICAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.00

**Transaction ID : SA17.180094**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NIRANKARI SUBHASH**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHANDER EMPIRE INC**

Occupation  
**CERTIFIED HOTELS ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.171524**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NIRANKARI SUBHASH**

Mailing Address 824 HOG MOUNTAIN RD

City	State	Zip Code
WINDER	GA	30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHANDER EMPIRE INC**

Occupation  
**CERTIFIED HOTELS ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.173741**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

76.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2455 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NIRANKARI SUBHASH**

Mailing Address 824 HOG MOUNTAIN RD

City  
WINDER

State  
GA

Zip Code  
30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE INC

Occupation  
CERTIFIED HOTELS ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.178063**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NIRANKARI SUBHASH**

Mailing Address 824 HOG MOUNTAIN RD

City  
WINDER

State  
GA

Zip Code  
30680-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHANDER EMPIRE INC

Occupation  
CERTIFIED HOTELS ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.180751**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN M. SUDDATH**

Mailing Address 815 S MAIN ST

City  
JACKSONVILLE

State  
FL

Zip Code  
32207-9050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE SUDDATH COMPANIES

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158251**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2456 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MATIAS A. SUELDO**

Mailing Address **310 E 44TH ST**  
**APT M**

City **NEW YORK** State **NY** Zip Code **10017-4424**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FRESHFIELDS BRUCKHAUS DERINGER US** Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1950.00**

**Transaction ID : SA17.159133**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DOUGLAS SULLENBERGER**

Mailing Address **1130 ASCOTT VALLEY DR**

City **JOHNS CREEK** State **GA** Zip Code **30097-5922**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED** Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.163074**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CHRIS T. SULLIVAN**

Mailing Address **3717 W NORTH B ST**

City **TAMPA** State **FL** Zip Code **33609-1335**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED** Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.168661**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☐ Memo Item

**CHARGED BACK**

**Subtotal Of Receipts This Page (optional)**.....

**-1100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2457 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELEANOR F. SULLIVAN**

Mailing Address 192 GOMEZ RD

City	State	Zip Code
HOBE SOUND	FL	33455-2513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177919**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JIM SULLIVAN**

Mailing Address 100 JACKSON ST  
STE 102

City	State	Zip Code
DENVER	CO	80206-7507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SULLIVAN & HAYES

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161900**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN M. SULLIVAN**

Mailing Address 192 GOMEZ RD

City	State	Zip Code
HOBE SOUND	FL	33455-2513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177912**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2458 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD J. SULLIVAN JR.**

Mailing Address 3 HICKORY HILL RD

City	State	Zip Code
MANCHESTER	MA	01944-1575

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SULLCO INC.

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171744**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SUSANNE H. SULLIVAN**

Mailing Address 2 COLONY PARK DR

City	State	Zip Code
GALVESTON	TX	77551-1740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.162826**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SUSANNE H. SULLIVAN**

Mailing Address 2 COLONY PARK DR

City	State	Zip Code
GALVESTON	TX	77551-1740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.177019**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

300.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2459 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS SULLIVAN**

Mailing Address **5 HUCKLEBERRY HILL RD**

City	State	Zip Code
WILTON	CT	06897-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IMPALA ASSET MANAGEMENT**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159310**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DUSTIN SUMMERS**

Mailing Address **PO BOX 3367**

City	State	Zip Code
JACKSON	TN	38303-3367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WEST TN PHYSICIANS' ALLIANCE**

Occupation  
**HEALTH CARE MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**570.00**

**Transaction ID : SA17.167506**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DUSTIN SUMMERS**

Mailing Address **PO BOX 3367**

City	State	Zip Code
JACKSON	TN	38303-3367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WEST TN PHYSICIANS' ALLIANCE**

Occupation  
**HEALTH CARE MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**570.00**

**Transaction ID : SA17.175098**

Date of Receipt

**12 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2460 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DUSTIN SUMMERS**

Mailing Address PO BOX 3367

City	State	Zip Code
JACKSON	TN	38303-3367

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WEST TN PHYSICIANS' ALLIANCE**

Occupation  
**HEALTH CARE MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

570.00

**Transaction ID : SA17.175454**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DUSTIN SUMMERS**

Mailing Address PO BOX 3367

City	State	Zip Code
JACKSON	TN	38303-3367

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WEST TN PHYSICIANS' ALLIANCE**

Occupation  
**HEALTH CARE MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

570.00

**Transaction ID : SA17.177000**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARGARET A. SUMMERS**

Mailing Address 23 CHURCH ST

City	State	Zip Code
UPTON	MA	01568-1562

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GEORGE J. SUMMERS TRUCKING, INC.**

Occupation  
**SMALL TRUCKING COMPANY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170610**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

275.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2461 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DON SUNDQUIST**

Mailing Address PO BOX 28

City

TOWNSEND

State

TN

Zip Code

37882-0028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158536**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN P. SURMA**

Mailing Address 1710 HUNTERS PATH LN

City

PITTSBURGH

State

PA

Zip Code

15241-3153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162085**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NIGEL SUTTON**

Mailing Address 39390 RIKIGA LN

City

CLEMENTS

State

MD

Zip Code

20624-2205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ORBITAL ATK

Occupation

VICE PRESIDENT, INTERNATIONAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171015**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2462 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES SWANN**

Mailing Address **516 DELANNOY AVE**

City	State	Zip Code
COCOA	FL	32922-7814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175008**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ELIZABETH P. SWANSON**

Mailing Address **PO BOX 148**

City	State	Zip Code
OAKVILLE	CA	94562-0148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162941**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GORDON SWANSON**

Mailing Address **PO BOX 335**

City	State	Zip Code
RANCHO SANTA FE	CA	92067-0335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.178970**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2463 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**W. CLARKE SWANSON**

Mailing Address PO BOX 148

City

OAKVILLE

State

CA

Zip Code

94562-0148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163034**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TIMOTHY SWATY**

Mailing Address 128 HUNTSVILLE COVE

City

GEORGETOWN

State

TX

Zip Code

78633-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADVISIAN

Occupation

ENGINEER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.172794**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**VICTORIA SWEENY**

Mailing Address 188 OAK TER

City

LAWRENCEVILLE

State

GA

Zip Code

30046-6096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THOMPSON SWEENY KINSINGER

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.167291**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2464 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS SWEET**

Mailing Address **275 BAYSHORE BLVD**  
**UNIT 1805**

City **TAMPA** State **FL** Zip Code **33606-2328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PROTOLYTIC, LLC**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.165304**

Date of Receipt

**11 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT EDWARD SWICKLE**

Mailing Address **2428 ADDISON HILLS CT**

City **OXFORD** State **MI** Zip Code **48370-2441**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JAQUES ADMIRALTY LAW FIRM**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159102**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**REBECCA SWINDLE**

Mailing Address **14211 VANESSA CIR**

City **HOUSTON** State **TX** Zip Code **77069-1284**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INTRALOT, INC.**

Occupation  
**GENERAL MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.150384**

Date of Receipt

**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2465 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**REBECCA SWINDLE**

Mailing Address 14211 VANESSA CIR

City  
HOUSTON

State  
TX

Zip Code  
77069-1284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INTRALOT, INC.

Occupation  
GENERAL MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.150384B**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**REBECCA SWINDLE**

Mailing Address 14211 VANESSA CIR

City  
HOUSTON

State  
TX

Zip Code  
77069-1284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INTRALOT, INC.

Occupation  
GENERAL MANAGER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.163178**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN W. SWINDAL**

Mailing Address 908 S 20TH ST

City  
TAMPA

State  
FL

Zip Code  
33605-6306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MARINE TOWING OF TAMPA

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162140**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2466 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KATHERINE SWINT**

Mailing Address 11430 COVINGTON RD

City	State	Zip Code
FORT WAYNE	IN	46814-9721

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158649**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. ROBERT E. SWINT SR.**

Mailing Address 11430 COVINGTON RD

City	State	Zip Code
FORT WAYNE	IN	46814-9721

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LUTHERAN MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158669**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES B. SWIRE**

Mailing Address 4 MILL POND LN

City	State	Zip Code
NEW ROCHELLE	NY	10805-2128

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

**Transaction ID : SA17.166818**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2025.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2467 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES B. SWIRE**

Mailing Address **4 MILL POND LN**

City

**NEW ROCHELLE**

State

**NY**

Zip Code

**10805-2128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**385.00**

**Transaction ID : SA17.173967**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES B. SWIRE**

Mailing Address **4 MILL POND LN**

City

**NEW ROCHELLE**

State

**NY**

Zip Code

**10805-2128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**385.00**

**Transaction ID : SA17.178243**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES B. SWIRE**

Mailing Address **4 MILL POND LN**

City

**NEW ROCHELLE**

State

**NY**

Zip Code

**10805-2128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**385.00**

**Transaction ID : SA17.181674**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**75.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**110.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2468 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LAWRENCE P. SWISTAK**

Mailing Address **6129 PICKWOOD DR**

City	State	Zip Code
<b>WEST BLOOMFIELD</b>	<b>MI</b>	<b>48322-2222</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SWISTAK LEVINE, P.C.**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160052**

Date of Receipt

**10 / 19 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DAVID SYDORICK**

Mailing Address **15 BEVERLY PARK**

City	State	Zip Code
<b>BEVERLY HILLS</b>	<b>CA</b>	<b>90210-1540</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PRIVATE INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164434**

Date of Receipt

**10 / 29 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MARK SYMS**

Mailing Address **6032 E LINCOLN DR**

City	State	Zip Code
<b>PARADISE VALLEY</b>	<b>AZ</b>	<b>85253-4254</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ARIZONA EAR CENTER**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.159440**

Date of Receipt

**10 / 16 / 2015**

## CONTRIBUTION

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**5900.00**

**Total This Period** (last page this line number only) .....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2469 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARK SZERLAG**

Mailing Address **5483 TIMBER BEND DR**

City

**BRIGHTON**

State

**MI**

Zip Code

**48116-4796**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THOMAS DUKE COMPANY**

Occupation

**REAL ESTATE BROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159355**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HENRY SZU**

Mailing Address **4275 VIA ARBOLADA  
UNIT 205**

City

**LOS ANGELES**

State

**CA**

Zip Code

**90042-5102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ANCHOR ALLIANCE DEVELOPMENT**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177114**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. IVAN F. SZU**

Mailing Address **2816 CRYSTAL RIDGE RD**

City

**DIAMOND BAR**

State

**CA**

Zip Code

**91765-3668**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SINDA INVESTMENT, LLC**

Occupation

**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1350.00**

**Transaction ID : SA17.177437**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2470 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LEPING C. SZU**

Mailing Address **2816 CRYSTAL RIDGE RD**

City	State	Zip Code
DIAMOND BAR	CA	91765-3668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1350.00**

**Transaction ID : SA17.177419**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY S. TABAK**

Mailing Address **340 E 34TH ST**  
**APT 2L**

City	State	Zip Code
NEW YORK	NY	10016-5234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

MILLER TABAK & CO

CO-CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161186**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address **307 E 44TH ST**

City	State	Zip Code
NEW YORK	NY	10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**215.00**

**Transaction ID : SA17.158097**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**3.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4053.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2471 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.162729**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.163984**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.165582**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

36.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2472 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.166490**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.169013**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.170772**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

16.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2473 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.171369**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.174203**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.175836**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

15.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2474 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.178517**

Date of Receipt

MM / DD / YYYY  
12 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. GLORIA TACCAD**

Mailing Address 307 E 44TH ST

City

NEW YORK

State

NY

Zip Code

10017-4400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

**Transaction ID : SA17.179652**

Date of Receipt

MM / DD / YYYY  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN G. TAFT**

Mailing Address 2619 E LAKE OF THE ISLES PKWY

City

MINNEAPOLIS

State

MN

Zip Code

55408-1052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RBC WEALTH MANAGEMENT

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173541**

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

515.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2475 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LAURA DELANEY TAFT**

Mailing Address 2619 E LAKE OF THE ISLES PKWY

City	State	Zip Code
MINNEAPOLIS	MN	55408-1052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173542**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY E. TAFT**

Mailing Address 76 YOUNGS RD

City	State	Zip Code
BASKING RIDGE	NJ	07920-4033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SELF-EMPLOYED

STOCK TRADER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.158088**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PHILIP TAKEN**

Mailing Address 3556 GOLFING GREEN DR

City	State	Zip Code
FARMERS BRANCH	TX	75234-5153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

TOLLESON WEALTH MANAGEMENT

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166549**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2476 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. RENEE TAKEN**

Mailing Address 3556 GOLFING GREEN DR

City	State	Zip Code
FARMERS BRANCH	TX	75234-5153

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166550**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JIMMY L. TALLEY**

Mailing Address 2101 CEDAR SPRINGS RD  
STE 1050

City	State	Zip Code
DALLAS	TX	75201-2165

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TALLEY & ASSOCIATES, CPAS, CFE

Occupation  
CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169346**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALBERT M. TALLMON**

Mailing Address 401 WALKER BEND RD

City	State	Zip Code
WEATHERFORD	TX	76088-7008

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159217**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2477 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JONATHAN M. TALLMAN**

Mailing Address 1456 OAKMONT PL

City	State	Zip Code
NICEVILLE	FL	32578-4314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE TALLMAN GROUP, LLC**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173070**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. MALCOLM TALLMON**

Mailing Address 401 WALKER BEND RD

City	State	Zip Code
WEATHERFORD	TX	76088-7008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.158833**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. MAURICIO J. TAMARGO**

Mailing Address 6448 LAKE MEADOW DR

City	State	Zip Code
BURKE	VA	22015-3927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**POBLETE TAMARGO LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.175729**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

125.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1225.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2478 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KENNETH K. TAMASHIRO**

Mailing Address PO BOX 30483

City

RALEIGH

State

NC

Zip Code

27622-0483

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEACON CAPITAL MANAGEMENT

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166402**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALBERT TAMER**

Mailing Address 3624 SACRAMENTO ST

City

SAN FRANCISCO

State

CA

Zip Code

94118-1710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CASE, INC.

Occupation

BUSINESS EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174237**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SANDRA TAMER**

Mailing Address 1736 W 28TH ST

City

MIAMI BEACH

State

FL

Zip Code

33140-4224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174250**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2479 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID TAMEZ**

Mailing Address 9830 PINE LAKE DR

City  
HOUSTON

State  
TX

Zip Code  
77055-6106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRAZORIA COUNTY

Occupation  
ASSISTANT DISTRICT ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.155508**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID TAMEZ**

Mailing Address 9830 PINE LAKE DR

City  
HOUSTON

State  
TX

Zip Code  
77055-6106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRAZORIA COUNTY

Occupation  
ASSISTANT DISTRICT ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.162605**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID TAMEZ**

Mailing Address 9830 PINE LAKE DR

City  
HOUSTON

State  
TX

Zip Code  
77055-6106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRAZORIA COUNTY

Occupation  
ASSISTANT DISTRICT ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.165620**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

60.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2480 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID TAMEZ**

Mailing Address 9830 PINE LAKE DR

City	State	Zip Code
HOUSTON	TX	77055-6106

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRAZORIA COUNTY**

Occupation  
**ASSISTANT DISTRICT ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

**Transaction ID : SA17.173410**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. JAMES TANANBAUM**

Mailing Address 3052 PACIFIC AVE

City	State	Zip Code
SAN FRANCISCO	CA	94115-1014

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FORESITE CAPITAL MANAGEMENT, LLC**

Occupation  
**CEO & FOUND HEALTHCARE VC**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159038**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MRS. DANA TANANBAUM**

Mailing Address 3052 PACIFIC AVE

City	State	Zip Code
SAN FRANCISCO	CA	94115-1014

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165362**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 2481 / 5419

16	<input checked="" type="checkbox"/> 17a	17b	17c	17d	18
19a	19b	20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

DR. JAMES TANANBAUM

Mailing Address 3052 PACIFIC AVE

City

SAN FRANCISCO

State

CA

Zip Code

94115-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FORESITE CAPITAL MANAGEMENT, LLC

Occupation

CEO &amp; FOUND HEALTHCARE VC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159038B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

MR. BRUCE TANG M.D.

Mailing Address 184 E SADDLE RIVER RD

City

SADDLE RIVER

State

NJ

Zip Code

07458-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERGEN ANESTHESIA GROUP

Occupation

ANESTHESIOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.181416**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

JAMES TANG

Mailing Address 300 E 84TH ST  
APT 2A

City

NEW YORK

State

NY

Zip Code

10028-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AEGIS CAPITAL CORP

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159127**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

500.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2482 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID TANNER**

Mailing Address 9363 WILLOW POND CIR

City	State	Zip Code
ELK GROVE	CA	95624-1266

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SACRAMENTO AOR**

Occupation  
**REAL ESTATE EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.168148**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HANS TANZLER III**

Mailing Address 3965 ORTEGA BLVD

City	State	Zip Code
JACKSONVILLE	FL	32210-4417

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158255**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. VINCENT COSMO TAORMINA**

Mailing Address PO BOX 485

City	State	Zip Code
CORONA DEL MAR	CA	92625-0485

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161340**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2483 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM TAORMINA**

Mailing Address **PO BOX 820**

City <b>ANAHEIM</b>	State <b>CA</b>	Zip Code <b>92815-0820</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CLEAN CITY, INC.**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.155468**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWARD L. TARBY**

Mailing Address **4131 BRUNER AVE**

City <b>BRONX</b>	State <b>NY</b>	Zip Code <b>10466-2027</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3900.00**

**Transaction ID : SA17.172326**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. EDWARD L. TARBY**

Mailing Address **4131 BRUNER AVE**

City <b>BRONX</b>	State <b>NY</b>	Zip Code <b>10466-2027</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3900.00**

**Transaction ID : SA17.172326B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-1200.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**2200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2484 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EDWARD L. TARBY**

Mailing Address **4131 BRUNER AVE**

City

**BRONX**

State

**NY**

Zip Code

**10466-2027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3900.00**

**Transaction ID : SA17.175933**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1200.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWARD L. TARBY**

Mailing Address **4131 BRUNER AVE**

City

**BRONX**

State

**NY**

Zip Code

**10466-2027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3900.00**

**Transaction ID : SA17.172383**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEFFREY TARRAND**

Mailing Address **4706 BRAESVILLE DR.**

City

**HOUSTON**

State

**TX**

Zip Code

**77096-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**UT**

Occupation

**M.D.**

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.165343**

Date of Receipt

**11 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1300.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2485 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JEFFREY TARRAND**

Mailing Address 4706 BRAESVILLE DR.

City	State	Zip Code
HOUSTON	TX	77096-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UT

Occupation  
M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177350**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JEFFREY TARRAND**

Mailing Address 4706 BRAESVILLE DR.

City	State	Zip Code
HOUSTON	TX	77096-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UT

Occupation  
M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.180472**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**COL. WALTER F. TATUM JR., USAF**

Mailing Address 3616 S BEACH DR

City	State	Zip Code
TAMPA	FL	33629-8223

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.170571**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2486 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ALICIA TAUB**

Mailing Address 161 IRVINE LN

City	State	Zip Code
GROSSE POINTE FARMS	MI	48236-2951

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BEAUMONT HEALTH SYSTEMS**

Occupation  
**DIETITIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162846**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID TAUB**

Mailing Address 62 BEACH ST  
APT 3AB

City	State	Zip Code
NEW YORK	NY	10013-2330

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MCDERMOTT WILL & EMERY**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161008**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN TAUB**

Mailing Address 161 IRVINE LN

City	State	Zip Code
GROSSE POINTE FARMS	MI	48236-2951

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PVS CHEMICALS, INC.**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162847**

Date of Receipt

**10 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2487 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN TAVLARIOS**

Mailing Address **15 WRENFIELD LN**

City

**DARIEN**

State

**CT**

Zip Code

**06820-2201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**GENERAL MARITIME CORP.**

Occupation

**SHIPPING EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.159624**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN TAVLARIOS**

Mailing Address **15 WRENFIELD LN**

City

**DARIEN**

State

**CT**

Zip Code

**06820-2201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**GENERAL MARITIME CORP.**

Occupation

**SHIPPING EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.159624B**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-100.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN TAVLARIOS**

Mailing Address **15 WRENFIELD LN**

City

**DARIEN**

State

**CT**

Zip Code

**06820-2201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**GENERAL MARITIME CORP.**

Occupation

**SHIPPING EXECUTIVE**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : SA17.165486**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

**2700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2488 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID TAWFIK**

Mailing Address **232 MADISON AVE**

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10016-2901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PRINCETON INVESTMENT PROPERTIES**

Occupation  
**PRINCIPAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161199**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BENJAMIN TAYLOR**

Mailing Address **300 S WACKER DR**  
**STE 1600**

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606-6779**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**U.S. CHAMBER OF COMMERCE**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157975**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRAD TAYLOR**

Mailing Address **716 DOVE CIR**

City  
**COPPELL**

State  
**TX**

Zip Code  
**75019-4155**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JPI**

Occupation  
**MANAGING REGIONAL PARTNER,  
CENTRAL REG**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175850**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2489 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRAD TAYLOR**

Mailing Address 716 DOVE CIR

City	State	Zip Code
COPPELL	TX	75019-4155

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JPI

Occupation  
MANAGING REGIONAL PARTNER, CENTRAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175851**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JACK C. TAYLOR**

Mailing Address 35 HUNTER AVE

City	State	Zip Code
SAINT LOUIS	MO	63124-2008

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ENTERPRISE RENT-A-CAR

Occupation  
FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161220**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JACQUELINE D. TAYLOR**

Mailing Address 5155 N QUAIL CREST DR SE

City	State	Zip Code
GRAND RAPIDS	MI	49546-7510

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.160611**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2490 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JACQUELINE D. TAYLOR**

Mailing Address 5155 N QUAIL CREST DR SE

City	State	Zip Code
GRAND RAPIDS	MI	49546-7510

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.169792**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES R. TAYLOR**

Mailing Address 600 5TH AVE S

City	State	Zip Code
NAPLES	FL	34102-6643

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.157106**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES R. TAYLOR**

Mailing Address 600 5TH AVE S

City	State	Zip Code
NAPLES	FL	34102-6643

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.167292**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2491 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN TAYLOR**

Mailing Address 576 GERONA RD

City

STANFORD

State

CA

Zip Code

94305-8449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STANFORD UNIVERSITY

Occupation

PROFESSOR

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160760**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. TAYLOE**

Mailing Address 1426 EARLY STATION RD

City

AULANDER

State

NC

Zip Code

27805-9699

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166336**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**OPAL TAYLOR**

Mailing Address 5851 HOLMBERG RD  
APT 1712

City

PARKLAND

State

FL

Zip Code

33067-4524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIEMENS CORPORATION

Occupation

MARKETING

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

315.00

**Transaction ID : SA17.176748**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK TAYLOR**

Mailing Address 1017 N PEPPERTREE DR

City	State	Zip Code
GILBERT	AZ	85234-4953

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.171902**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICK TAYLOR**

Mailing Address 1017 N PEPPERTREE DR

City	State	Zip Code
GILBERT	AZ	85234-4953

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.176654**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICK TAYLOR**

Mailing Address 1017 N PEPPERTREE DR

City	State	Zip Code
GILBERT	AZ	85234-4953

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

**Transaction ID : SA17.179140**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. BARBARA PARRAVANO TEAFORD**

Mailing Address 4013 SOUTHWESTERN BLVD

City	State	Zip Code
DALLAS	TX	75225-7036

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169450**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THAD TEAFORD**

Mailing Address 4013 SOUTHWESTERN BLVD

City	State	Zip Code
DALLAS	TX	75225-7036

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CARLSON CAPITAL

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169458**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TENNYSON TEECE**

Mailing Address 227 TUNNEL RD

City	State	Zip Code
BERKELEY	CA	94705-2848

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.156436**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

550.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TENNYSON TEECE**

Mailing Address 227 TUNNEL RD

City

BERKELEY

State

CA

Zip Code

94705-2848

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166329**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TENNYSON TEECE**

Mailing Address 227 TUNNEL RD

City

BERKELEY

State

CA

Zip Code

94705-2848

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.176052**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICHOLAS TEJEDA**

Mailing Address 6365 CALLE PLACIDO DR

City

EL PASO

State

TX

Zip Code

79912-7531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TENET HEALTHCARE

Occupation

HOSPITAL ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.177518**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2495 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NICHOLAS TEJEDA**

Mailing Address **6365 CALLE PLACIDO DR**

City	State	Zip Code
EL PASO	TX	79912-7531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TENET HEALTHCARE**

Occupation  
**HOSPITAL ADMINISTRATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.177519**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL TELSON**

Mailing Address **4200 MASSACHUSETTS AVE NW**  
**APT 715**

City	State	Zip Code
WASHINGTON	DC	20016-4734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GENERAL ATOMICS**

Occupation  
**GOVT RELATIONS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173142**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROGER TERAN**

Mailing Address **799 CRANDON BLVD**  
**APT 403**

City	State	Zip Code
KEY BISCAYNE	FL	33149-2651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.173153**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROGER TERAN**

Mailing Address **799 CRANDON BLVD**  
**APT 403**

City **KEY BISCAVNE** State **FL** Zip Code **33149-2651**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.179174**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROGER TERAN**

Mailing Address **799 CRANDON BLVD**  
**APT 403**

City **KEY BISCAVNE** State **FL** Zip Code **33149-2651**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.180991**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES D. TERLIZZI**

Mailing Address **8 DRIFTWOOD LANDING RD**

City **GULF STREAM** State **FL** Zip Code **33483-7222**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**D.R.B. CAPITAL**

Occupation  
**BUSINESS EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169797**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

**5525.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2497 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES D. TERLIZZI**

Mailing Address **8 DRIFTWOOD LANDING RD**

City	State	Zip Code
<b>GULF STREAM</b>	<b>FL</b>	<b>33483-7222</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**D.R.B. CAPITAL**

Occupation  
**BUSINESS EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169797B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item  
**REATTRIBUTION TO SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**MRS. LAURA TERLIZZI**

Mailing Address **8 DRIFTWOOD LANDING RD**

City	State	Zip Code
<b>GULF STREAM</b>	<b>FL</b>	<b>33483-7222</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**BUSINESS EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175740**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item  
**REATTRIBUTION FROM SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES J. TERLIZZI JR.**

Mailing Address **3810 NE 27TH AVE**

City	State	Zip Code
<b>LIGHTHOUSE POINT</b>	<b>FL</b>	<b>33064-8008</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.160581**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JENNIE TERLIZZI**

Mailing Address 3810 NE 27TH AVE

City	State	Zip Code
LIGHTHOUSE POINT	FL	33064-8008

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.160578**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LISA A. TERLIZZI**

Mailing Address 4400 NE 30TH AVE

City	State	Zip Code
LIGHTHOUSE POINT	FL	33064-7228

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WFP, LLC

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.160580**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SUZANNE HAIK TERRELL**

Mailing Address 20 PELHAM DR

City	State	Zip Code
METAIRIE	LA	70005-4454

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HANGARTNER, RYDBERT & TERRELL

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174780**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2499 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. BARBARA ANDERSON TERRY**

Mailing Address **570 PARK AVE**  
**APT 8D**

City **NEW YORK** State **NY** Zip Code **10065-7343**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.178271**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY TERRY**

Mailing Address **5950 BERKSHIRE LN**  
**SUITE 400**

City **DALLAS** State **TX** Zip Code **75225-5846**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.167243**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARGUERITE TEXIER-BARISH**

Mailing Address **245 E 54TH ST**  
**APT 20N**

City **NEW YORK** State **NY** Zip Code **10022-4722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.158791**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2500 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARGUERITE TEXIER-BARISH**

Mailing Address **245 E 54TH ST**  
**APT 20N**

City **NEW YORK** State **NY** Zip Code **10022-4722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.159192**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARGUERITE TEXIER-BARISH**

Mailing Address **245 E 54TH ST**  
**APT 20N**

City **NEW YORK** State **NY** Zip Code **10022-4722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.159193**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HARESH T. THARANI**

Mailing Address **3739 COLLINS AVE**

City **MIAMI BEACH** State **FL** Zip Code **33140-4020**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THARANCO GROUP**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170042**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2800.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2501 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN THEODORACOPULOS**

Mailing Address **28 E 73RD ST**

City	State	Zip Code
<b>NEW YORK</b>	<b>NY</b>	<b>10021-4143</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173196**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**TESSIE THEODORELOS**

Mailing Address **2020 DALE ST**

City	State	Zip Code
<b>SAN DIEGO</b>	<b>CA</b>	<b>92104-5512</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INTELLIGENT SYSTEMS TECHNOLOGY**

Occupation  
**VP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.166734**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JAMES THIELEN**

Mailing Address **3686 MOSSY CREEK LN**

City	State	Zip Code
<b>TALLAHASSEE</b>	<b>FL</b>	<b>32311-3638</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THIELEN PLUS**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.160173**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**2900.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2502 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID THOMAS**

Mailing Address **175 SHADY LANE DR**  
**APT 212**

City **NORWALK** State **OH** Zip Code **44857-2711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.177455**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARIAMMA THOMAS**

Mailing Address **4610 RIVERVIEW BLVD**

City **BRADENTON** State **FL** Zip Code **34209-1964**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173017**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CYNTHIA THOMPSON**

Mailing Address **628 GREENWAY TER**

City **KANSAS CITY** State **MO** Zip Code **64113-1536**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175720**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2503 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GREG STEELE THOMPSON**

Mailing Address 2662 ORCHARD RUN SE

City	State	Zip Code
ATLANTA	GA	30339-4651

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARKEL**

Occupation  
**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450.00

**Transaction ID : SA17.156550**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GREG STEELE THOMPSON**

Mailing Address 2662 ORCHARD RUN SE

City	State	Zip Code
ATLANTA	GA	30339-4651

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARKEL**

Occupation  
**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450.00

**Transaction ID : SA17.162453**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JAMES THOMPSON**

Mailing Address 5313 SE MILES GRANT RD

City	State	Zip Code
STUART	FL	34997-1777

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166771**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2504 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JAMES THOMPSON**

Mailing Address 5313 SE MILES GRANT RD

City	State	Zip Code
STUART	FL	34997-1777

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.176744**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES THOMPSON**

Mailing Address 5313 SE MILES GRANT RD

City	State	Zip Code
STUART	FL	34997-1777

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179161**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES D. THOMPSON**

Mailing Address 4685 POLO LN SE

City	State	Zip Code
ATLANTA	GA	30339-5345

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.178370**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2505 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN THOMPSON**

Mailing Address 2119 LAKE ELMO AVE N

City LAKE ELMO	State MN	Zip Code 55042-8455
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TRANSWESTERN

Occupation  
REAL ESTATE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173185**

Date of Receipt

M M / D D / Y Y Y Y
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LUCILLE THOMPSON**

Mailing Address 660 WHITMORE RD  
APT 102

City HIGHLAND PARK	State MI	Zip Code 48203-1841
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.159501**

Date of Receipt

M M / D D / Y Y Y Y
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LUCAS THOMPSON**

Mailing Address 5115 WILSHIRE BLVD  
APT 607

City LOS ANGELES	State CA	Zip Code 90036-4376
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RIGHT TO RISE USA

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

513.50

**Transaction ID : SA17.161488**

Date of Receipt

M M / D D / Y Y Y Y
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2506 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LUCAS THOMPSON**

Mailing Address **5115 WILSHIRE BLVD**  
**APT 607**

City **LOS ANGELES** State **CA** Zip Code **90036-4376**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RIGHT TO RISE USA**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**513.50**

**Transaction ID : SA17.167700**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**13.50**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LUCILLE THOMPSON**

Mailing Address **660 WHITMORE RD**  
**APT 102**

City **HIGHLAND PARK** State **MI** Zip Code **48203-1841**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.168651**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LUCILLE THOMPSON**

Mailing Address **660 WHITMORE RD**  
**APT 102**

City **HIGHLAND PARK** State **MI** Zip Code **48203-1841**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.176889**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**113.50**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARGARET THOMPSON**

Mailing Address 2901 43RD ST NW

City

WASHINGTON

State

DC

Zip Code

20016-3544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

WRITER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.171105**

Date of Receipt

**11 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARGARET THOMPSON**

Mailing Address 2901 43RD ST NW

City

WASHINGTON

State

DC

Zip Code

20016-3544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

WRITER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.176237**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RALPH C. THOMPSON**

Mailing Address 18 CAMBRIDGE BLVD

City

PLEASANT RIDGE

State

MI

Zip Code

48069-1103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LAUTREC LTD

Occupation

ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160039**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RAY L. THOMPSON**

Mailing Address 7201 SUNGATE DR

City	State	Zip Code
AUSTIN	TX	78731-2140

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.171721**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT THOMPSON**

Mailing Address 628 GREENWAY TER

City	State	Zip Code
KANSAS CITY	MO	64113-1536

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175732**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STAN THOMPSON**

Mailing Address 729 MISSION ST

City	State	Zip Code
SOUTH PASADENA	CA	91030-3069

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.158911**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2509 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MR. STAN THOMPSON**

Mailing Address 729 MISSION ST

City	State	Zip Code
SOUTH PASADENA	CA	91030-3069

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.168237**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****MR. STAN THOMPSON**

Mailing Address 729 MISSION ST

City	State	Zip Code
SOUTH PASADENA	CA	91030-3069

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.175477**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****MR. TAYLOR N. THOMPSON**

Mailing Address 194 W CHESTNUT ST

City	State	Zip Code
KINGSTON	NY	12401-5944

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.159859**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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16	<input checked="" type="checkbox"/> 17a	17b	17c	17d	18
19a	19b	20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A.** Full Name (Last, First, Middle Initial)

MR. TAYLOR N. THOMPSON

Mailing Address 194 W CHESTNUT ST

City

KINGSTON

State

NY

Zip Code

12401-5944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Transaction ID : SA17.167481

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)

MR. TAYLOR N. THOMPSON

Mailing Address 194 W CHESTNUT ST

City

KINGSTON

State

NY

Zip Code

12401-5944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Transaction ID : SA17.176947

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

MR. TAYLOR N. THOMPSON

Mailing Address 194 W CHESTNUT ST

City

KINGSTON

State

NY

Zip Code

12401-5944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Transaction ID : SA17.179648

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

200.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 2511 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

CLARKSON THORNBURGH

Mailing Address 326 MONCEAUX RD

City

WEST PALM BEACH

State

FL

Zip Code

33405-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JPMORGAN CHASE

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.157044**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

MR. PAUL EDWARD THORNBURGH

Mailing Address 9524 E 71ST ST  
APT 218

City

TULSA

State

OK

Zip Code

74133-5217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.165967**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MR. PAUL EDWARD THORNBURGH

Mailing Address 9524 E 71ST ST  
APT 218

City

TULSA

State

OK

Zip Code

74133-5217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.171691**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

600.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2512 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL EDWARD THORNBRUGH**

Mailing Address 9524 E 71ST ST  
APT 218

City State Zip Code  
TULSA OK 74133-5217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.177862**

Date of Receipt

M M / D D / Y Y Y Y  
12 22 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN THRASHER**

Mailing Address 3391 OLYMPIC DR

City State Zip Code  
GREEN COVE SPRINGS FL 32043-8097

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177125**

Date of Receipt

M M / D D / Y Y Y Y  
12 18 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID THRESHIE**

Mailing Address 10072 KNUTH CIR

City State Zip Code  
VILLA PARK CA 92861-4301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPROUTOC PROJECT

Occupation  
NON-PROFIT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160762**

Date of Receipt

M M / D D / Y Y Y Y  
10 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PAUL M. THRIFT**

Mailing Address 901 WABASH AVE

City	State	Zip Code
TERRE HAUTE	IN	47807-3232

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THOMPSON THRIFT**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158950**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KIRSI TIEMROTH**

Mailing Address 6127 ACACIA AVE

City	State	Zip Code
OAKLAND	CA	94618-1818

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161577**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRIAN P. TIERNEY**

Mailing Address 1020 ROCK CREEK RD

City	State	Zip Code
BRYN MAWR	PA	19010-1925

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRIAN COMMUNICATIONS**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.168205**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2514 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK JEFFREY TIERNEY**

Mailing Address **W2712 COUNTY ROAD J**

City	State	Zip Code
MONTELLO	WI	53949-8326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DOCUMENT TECHNOLOGIES INC**

Occupation  
**NATIONAL ACCOUNT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.172287**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICK JEFFREY TIERNEY**

Mailing Address **W2712 COUNTY ROAD J**

City	State	Zip Code
MONTELLO	WI	53949-8326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DOCUMENT TECHNOLOGIES INC**

Occupation  
**NATIONAL ACCOUNT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.181516**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GARY P. TIMIN**

Mailing Address **7541 SW 56TH CT**

City	State	Zip Code
MIAMI	FL	33143-5607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SQUIRE PATTON BOGGS**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1025.00**

**Transaction ID : SA17.162975**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CATHERINE TIMMENY**

Mailing Address 2395 MONT CLAIRE DR

City

NAPLES

State

FL

Zip Code

34109-4333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.163069**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CATHERINE TIMMENY**

Mailing Address 2395 MONT CLAIRE DR

City

NAPLES

State

FL

Zip Code

34109-4333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.163614**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CATHERINE TIMMENY**

Mailing Address 2395 MONT CLAIRE DR

City

NAPLES

State

FL

Zip Code

34109-4333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.180904**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2516 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. REBECCA C. TINDALL**

Mailing Address **244 WOODLAWN DR**

City

**GREENVILLE**

State

**MS**

Zip Code

**38701-6369**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.170395**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ERIN TING**

Mailing Address **13700 CANDICE LN**

City

**EDEN PRAIRIE**

State

**MN**

Zip Code

**55346-3059**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**VERISAE**

Occupation

**BUSINESS INTELLIGENCE ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172948**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS W. TING**

Mailing Address **13700 CANDICE LN**

City

**EDEN PRAIRIE**

State

**MN**

Zip Code

**55346-3059**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SUN COUNTRY AIRLINES**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.172956**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1100.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2517 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. TERESA TINKER**

Mailing Address **646 HORSEHEAD RD**

City	State	Zip Code
MONTICELLO	FL	32344-7579

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.157104**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CONSTANCE J. TIPSORD**

Mailing Address **2 WINDSONG WAY**

City	State	Zip Code
BLOOMINGTON	IL	61704-8350

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STATE FARM**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158509**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ARTHUR TITUS**

Mailing Address **2119 HARTFORDS BLUFF LN**

City	State	Zip Code
MT PLEASANT	SC	29466-8654

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PROJECT MGR/CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.158314**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2825.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2518 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ARTHUR TITUS**

Mailing Address 2119 HARTFORDS BLUFF LN

City	State	Zip Code
MT PLEASANT	SC	29466-8654

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PROJECT MGR/CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.165226**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ARTHUR TITUS**

Mailing Address 2119 HARTFORDS BLUFF LN

City	State	Zip Code
MT PLEASANT	SC	29466-8654

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PROJECT MGR/CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.169050**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ARTHUR TITUS**

Mailing Address 2119 HARTFORDS BLUFF LN

City	State	Zip Code
MT PLEASANT	SC	29466-8654

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PROJECT MGR/CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.172750**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

75.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2519 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ARTHUR TITUS**

Mailing Address 2119 HARTFORDS BLUFF LN

City	State	Zip Code
MT PLEASANT	SC	29466-8654

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PROJECT MGR/CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.175244**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ARTHUR TITUS**

Mailing Address 2119 HARTFORDS BLUFF LN

City	State	Zip Code
MT PLEASANT	SC	29466-8654

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PROJECT MGR/CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.180584**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY TITUS**

Mailing Address 662 VIA LIDO SOUD

City	State	Zip Code
NEWPORT BEACH	CA	92663-5557

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MOBILE POINT, INC.**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162937**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2520 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.165076**

Date of Receipt

M M / D D / Y Y Y Y  
10 31 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.165523**

Date of Receipt

M M / D D / Y Y Y Y  
11 02 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.165830**

Date of Receipt

M M / D D / Y Y Y Y  
11 04 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

175.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2521 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.168847**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.170980**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

3.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.171266**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

23.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2522 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.173621**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.173715**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

175.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.176618**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

205.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2523 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.178433**

Date of Receipt

M M / D D / Y Y Y Y  
12 22 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.178551**

Date of Receipt

M M / D D / Y Y Y Y  
12 24 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

3.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PRASOON TIWARI**

Mailing Address 12385 SW 151ST ST  
APT 208

City State Zip Code  
MIAMI FL 33186-8706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WATSCO

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

551.00

**Transaction ID : SA17.178617**

Date of Receipt

M M / D D / Y Y Y Y  
12 25 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

23.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2524 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICK TOBIN**

Mailing Address 350 TERRELL RD

City

SAN ANTONIO

State

TX

Zip Code

78209-5918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACKSON WALKER L.L.P.

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163311**

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SHALINI TOLANI**

Mailing Address 3700 MOORPARK AVE

City

SAN JOSE

State

CA

Zip Code

95117-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162377**

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHALINI TOLANI**

Mailing Address 3700 MOORPARK AVE

City

SAN JOSE

State

CA

Zip Code

95117-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163424**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2525 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES B. TOLLERTON**

Mailing Address 1425 WESTBROOK DR

City  
SARASOTA

State Zip Code  
FL 34231-3548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173013**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN T. TOLSMA**

Mailing Address 5312 TURTLE POINT LN

City  
KNOXVILLE

State Zip Code  
TN 37919-9339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KNOWLEDGE LAUNCH, LLC

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.151257**

Date of Receipt

**09 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**MRS. LEE ANN FURROW-TOLSMA**

Mailing Address 5312 TURTLE POINT LN

City  
KNOXVILLE

State Zip Code  
TN 37919-9339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FURROW AUTOMOTIVE

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B155533**

Date of Receipt

**10 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2526 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN T. TOLSMA**

Mailing Address 5312 TURTLE POINT LN

City	State	Zip Code
KNOXVILLE	TN	37919-9339

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KNOWLEDGE LAUNCH, LLC

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B155534**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**ALAA TOMA**

Mailing Address 1627 GERUNDECUT DR

City	State	Zip Code
WEST BLOOMFIELD	MI	48324-1233

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CREATIVE BRICK & LANDSCAPE

Occupation  
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163002**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DIANE TOMB**

Mailing Address 4621 33RD ST N

City	State	Zip Code
ARLINGTON	VA	22207-4407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
COMMUNICATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164611**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2527 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. TOMECKO**

Mailing Address **6491 SW 10TH ST**

City	State	Zip Code
<b>NORTH LAUDERDALE</b>	<b>FL</b>	<b>33068-2628</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.171698**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>11</b>		<b>30</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PATRICK TOMINA**

Mailing Address **1766 GOLF RIDGE DR S**

City	State	Zip Code
<b>BLOOMFIELD HILLS</b>	<b>MI</b>	<b>48302-1730</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**W3R CONSULTING**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.161663**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>10</b>		<b>20</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PATRICK TOMINA**

Mailing Address **1766 GOLF RIDGE DR S**

City	State	Zip Code
<b>BLOOMFIELD HILLS</b>	<b>MI</b>	<b>48302-1730</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**W3R CONSULTING**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.170180**

Date of Receipt

M M	/	D D	/	Y Y Y Y
<b>11</b>		<b>20</b>		<b>2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. BETTY TOMLIN**

Mailing Address **24 OAKLAWN PARK**

City	State	Zip Code
MIDLAND	TX	79705-6546

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BIG D. EQUIPMENT**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.166592**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. KELLY P. TOOLE**

Mailing Address **1911 FORT MYER DR**

City	State	Zip Code
ARLINGTON	VA	22209-1607

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TOOLE KATZ & ROEMERSMA, LLP**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158105**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. TOOLEY**

Mailing Address **501 SANTA MONICA BLVD**  
**STE 701**

City	State	Zip Code
SANTA MONICA	CA	90401-2483

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TOOLEY INVESTMENT COMPANY**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161339**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2529 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. EUGENE M. TOOMBS**

Mailing Address 305 BABLER RD

City

SAINT LOUIS

State

MO

Zip Code

63141-8005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158247**

Date of Receipt

MM / DD / YYYY  
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NICHOLAS J. TOPITZES**

Mailing Address 1750 CAMELOT DR

City

MADISON

State

WI

Zip Code

53705-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PC/NAMETAG

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.171673**

Date of Receipt

MM / DD / YYYY  
11 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICHOLAS J. TOPITZES**

Mailing Address 1750 CAMELOT DR

City

MADISON

State

WI

Zip Code

53705-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PC/NAMETAG

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.178744**

Date of Receipt

MM / DD / YYYY  
12 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2530 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALEJANDRA TORRES**

Mailing Address 2801 WOODS DR N

City

EDINBURG

State

TX

Zip Code

78542-5570

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EGV ARCHITECTS

Occupation  
PROJECT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180425**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANTONIO TORRES**

Mailing Address 49 BRIAR HOLLOW LN

City

HOUSTON

State

TX

Zip Code

77027-9312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177946**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FRANK TORRES**

Mailing Address 8686 SW 121ST ST

City

MIAMI

State

FL

Zip Code

33156-5118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE GARAGE

Occupation  
WHOLESALE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159176**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2531 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SYLVIA TORRES**

Mailing Address 49 BRIAR HOLLOW LN

City	State	Zip Code
HOUSTON	TX	77027-9312

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177948**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY M. TORTORA**

Mailing Address 8563 SW 93RD LN  
UNIT G

City	State	Zip Code
OCALA	FL	34481-7448

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.181110**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. OCTAVIO TORUNO**

Mailing Address 12218 SW 128TH ST

City	State	Zip Code
MIAMI	FL	33186-5419

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
T. & C. PAINTING

Occupation  
PAINTING CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.159223**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2532 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. OCTAVIO TORUNO**

Mailing Address 12218 SW 128TH ST

City  
MIAMI

State  
FL

Zip Code  
33186-5419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T. & C. PAINTING

Occupation  
PAINTING CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.159223B**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. OCTAVIO TORUNO**

Mailing Address 12218 SW 128TH ST

City  
MIAMI

State  
FL

Zip Code  
33186-5419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T. & C. PAINTING

Occupation  
PAINTING CONTRACTOR

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.175885**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**AMBASSADOR TIMOTHY L. TOWELL**

Mailing Address 1528 33RD ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20007-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOREIGN POLICY GROUP

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.157028**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 2533 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AMBASSADOR TIMOTHY L. TOWELL**

Mailing Address 1528 33RD ST NW

City

WASHINGTON

State

DC

Zip Code

20007-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOREIGN POLICY GROUP

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.166002**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AMBASSADOR TIMOTHY L. TOWELL**

Mailing Address 1528 33RD ST NW

City

WASHINGTON

State

DC

Zip Code

20007-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOREIGN POLICY GROUP

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.169194**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AMBASSADOR TIMOTHY L. TOWELL**

Mailing Address 1528 33RD ST NW

City

WASHINGTON

State

DC

Zip Code

20007-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOREIGN POLICY GROUP

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

**Transaction ID : SA17.174135**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2534 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RONALD TOWNSEND**

Mailing Address 13440 ELLSWORTH LN

City

JACKSONVILLE

State

FL

Zip Code

32225-4926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOWNSEND ENTERPRISES, LLC

Occupation

COMMUNICATIONS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170628**

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN TOWNSEND**

Mailing Address 2057 ROCKINGHAM ST

City

MCLEAN

State

VA

Zip Code

22101-4925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DPRA

Occupation

STRATEGIC PLANNER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

477.00

**Transaction ID : SA17.164252**

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN TOWNSEND**

Mailing Address 2057 ROCKINGHAM ST

City

MCLEAN

State

VA

Zip Code

22101-4925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DPRA

Occupation

STRATEGIC PLANNER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

477.00

**Transaction ID : SA17.169128**

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2951.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2535 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN TOWNSEND**

Mailing Address 2057 ROCKINGHAM ST

City	State	Zip Code
MCLEAN	VA	22101-4925

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DPRA

Occupation  
STRATEGIC PLANNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

477.00

**Transaction ID : SA17.169745**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEPHEN TOWNSEND**

Mailing Address 2057 ROCKINGHAM ST

City	State	Zip Code
MCLEAN	VA	22101-4925

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DPRA

Occupation  
STRATEGIC PLANNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

477.00

**Transaction ID : SA17.172817**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN TOWNSEND**

Mailing Address 2057 ROCKINGHAM ST

City	State	Zip Code
MCLEAN	VA	22101-4925

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DPRA

Occupation  
STRATEGIC PLANNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

477.00

**Transaction ID : SA17.174701**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

201.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2536 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEPHEN TOWNSEND**

Mailing Address **2057 ROCKINGHAM ST**

City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22101-4925</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DPRA**

Occupation  
**STRATEGIC PLANNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**477.00**

**Transaction ID : SA17.176598**

Date of Receipt

M M / D D / Y Y Y Y
12 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MATTHEW TOYER**

Mailing Address **969 LEXINGTON AVE**  
**APT 5**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10021-5114</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MANHATTAN INSTITUTE FOR POLICY RESEARCH**

Occupation  
**DEPUTY DIRECTOR, DEVELOPMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.159125**

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH TOZER**

Mailing Address **550 PARK AVE**  
**FL 13W**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10065-7345</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ELIZABETH TOZER DESIGN**

Occupation  
**DESIGNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159121**

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3025.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2537 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT J. TOZZI**

Mailing Address **8502 FORT HAMILTON PKWY**  
**APT 2B**

City **BROOKLYN** State **NY** Zip Code **11209-4816**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171862**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL TRACEY**

Mailing Address **119 EATON CT**

City **BROOKLYN** State **NY** Zip Code **11229-6406**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JPMC**

Occupation  
**COMPLIANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**550.00**

**Transaction ID : SA17.159135**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL TRACEY**

Mailing Address **119 EATON CT**

City **BROOKLYN** State **NY** Zip Code **11229-6406**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JPMC**

Occupation  
**COMPLIANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**550.00**

**Transaction ID : SA17.172710**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**175.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2538 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES D. TRACY**

Mailing Address **1320 RIVERSIDE LN**  
**APT 410**

City **MENDOTA HEIGHTS** State **MN** Zip Code **55118-1757**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.177859**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAN TRAN**

Mailing Address **1116 WIRT RD**

City **HOUSTON** State **TX** Zip Code **77055-6851**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.159938**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICK TRAN**

Mailing Address **13805 BARROW CLIFF LN**

City **CYPRESS** State **TX** Zip Code **77429-6647**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAMERON / COMBAT VETERAN**

Occupation  
**MANAGER OF MILITARY PROGRAMS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.161100**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2539 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**THINH TRAN**

Mailing Address 5060 SW 74TH TER

City	State	Zip Code
MIAMI	FL	33143-6004

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BAPTIST HEALTH SOUTH FLORIDA**

Occupation  
**PHYSICIAN EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157840**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. TIMOTHY TRANKINA**

Mailing Address 110 NATURE MILL CT

City	State	Zip Code
ALPHARETTA	GA	30022-1022

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TITLEMASTERS OF GA, LLC**

Occupation  
**FINANCIAL SERVICES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162154**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEVIN S. TREALOUT**

Mailing Address 643 KESTREL RIDGE DR

City	State	Zip Code
SOUTH LYON	MI	48178-2028

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LAUTREC LTD**

Occupation  
**PROPERTY MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160041**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2540 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSE TRESPALACIOS**

Mailing Address 4995 NW 72ND AVE

City	State	Zip Code
MIAMI	FL	33166-5643

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MADISON ADMINISTRATIVE SERVICES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170714**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. BARBARA TRIBBLE**

Mailing Address 1 CALLAVANCE CT

City	State	Zip Code
SAVANNAH	GA	31411-2888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.157504**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LORENZO TRIMBLE**

Mailing Address 6116 EMERALD HILLS LN

City	State	Zip Code
KNOXVILLE	TN	37912-2555

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158594**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2541 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SAM TRIMBLE**

Mailing Address 2028 ROGELIO AVE

City

EL PASO

State

TX

Zip Code

79902-3026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LONE STAR TITLE OF EL PASO, INC.

Occupation

DIRECTOR OF MARKETING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177011**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. EDWARD S. TRIPPE**

Mailing Address 88 BUCKFIELD LN

City

GREENWICH

State

CT

Zip Code

06831-2643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.165461**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ROBERTA TRIPPE**

Mailing Address 88 BUCKFIELD LN

City

GREENWICH

State

CT

Zip Code

06831-2643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.165454**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2542 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALVIN TRIVELPIECE**

Mailing Address **14 WADE HAMPTON TRL**

City <b>HENDERSON</b>	State <b>NV</b>	Zip Code <b>89052-6635</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT PHYSICS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1235.00**

**Transaction ID : SA17.166691**

Date of Receipt

M M / D D / Y Y Y Y
<b>11 / 03 / 2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**110.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALVIN TRIVELPIECE**

Mailing Address **14 WADE HAMPTON TRL**

City <b>HENDERSON</b>	State <b>NV</b>	Zip Code <b>89052-6635</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT PHYSICS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1235.00**

**Transaction ID : SA17.172696**

Date of Receipt

M M / D D / Y Y Y Y
<b>11 / 30 / 2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALVIN TRIVELPIECE**

Mailing Address **14 WADE HAMPTON TRL**

City <b>HENDERSON</b>	State <b>NV</b>	Zip Code <b>89052-6635</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT PHYSICS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1235.00**

**Transaction ID : SA17.181451**

Date of Receipt

M M / D D / Y Y Y Y
<b>12 / 31 / 2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1160.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2543 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KENNY A. TROUTT**

Mailing Address 10595 STRAIT LN

City	State	Zip Code
DALLAS	TX	75229-5424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EXCEL COMMUNICATIONS

Occupation  
FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170541**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. KENNY A. TROUTT**

Mailing Address 10595 STRAIT LN

City	State	Zip Code
DALLAS	TX	75229-5424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EXCEL COMMUNICATIONS

Occupation  
FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170541B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MRS. LISA TROUTT**

Mailing Address 10595 STRAIT LN

City	State	Zip Code
DALLAS	TX	75229-5424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170552**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2544 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARGARET N. TROY**

Mailing Address **N30W28853 W LAKESIDE DR**

City	State	Zip Code
PEWAUKEE	WI	53072-3310

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CHILDREN'S HOSPITAL**

Occupation  
**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.163011**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. TAMMY M. TRUMBULL**

Mailing Address **1407 BAYOU CT**

City	State	Zip Code
PANAMA CITY	FL	32401-3905

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.173563**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. BEVERLY D. TRYTTENS**

Mailing Address **6 MOULTRIE DR**

City	State	Zip Code
TAYLORS	SC	29687-1914

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BOOKKEEPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.167502**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2545 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MRS. BEVERLY D. TRYTTENS**

Mailing Address 6 MOULTRIE DR

City	State	Zip Code
TAYLORS	SC	29687-1914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
BOOKKEEPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172675**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**MR. FRANK N. TSAMOUTALES**

Mailing Address 669 FRANKLYN AVE

City	State	Zip Code
INDIALANTIC	FL	32903-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
GOVERNMENT AND BUSINESS  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165827**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**TERRANCE TSCHATSCHULA**

Mailing Address 7242 S CHAPPARAL CIR E

City	State	Zip Code
CENTENNIAL	CO	80016-2128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WEND ENERGY

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159609**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2546 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLES TSE**

Mailing Address 5100 DU PONT BLVD., 11D

City	State	Zip Code
FORT LUDERDALE	FL	11374-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163559**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLES TSE**

Mailing Address 5100 DU PONT BLVD., 11D

City	State	Zip Code
FORT LUDERDALE	FL	11374-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177532**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. GEORGE TSETSEKOS**

Mailing Address 520 SUGARTOWN RD

City	State	Zip Code
DEVON	PA	19333-1716

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DREXEL UNIVERSITY**

Occupation  
**DEAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

**Transaction ID : SA17.166344**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2600.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2547 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BAO TU**

Mailing Address **1566 DENALI WAY**

City

**SAN JOSE**

State

**CA**

Zip Code

**95122-2401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1057.00**

**Transaction ID : SA17.156382**

Date of Receipt

**10 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BAO TU**

Mailing Address **1566 DENALI WAY**

City

**SAN JOSE**

State

**CA**

Zip Code

**95122-2401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1057.00**

**Transaction ID : SA17.159048**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BAO TU**

Mailing Address **1566 DENALI WAY**

City

**SAN JOSE**

State

**CA**

Zip Code

**95122-2401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1057.00**

**Transaction ID : SA17.159299**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**115.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2548 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BAO TU**

Mailing Address **1566 DENALI WAY**

City

**SAN JOSE**

State

**CA**

Zip Code

**95122-2401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1057.00**

**Transaction ID : SA17.162652**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BAO TU**

Mailing Address **1566 DENALI WAY**

City

**SAN JOSE**

State

**CA**

Zip Code

**95122-2401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1057.00**

**Transaction ID : SA17.162655**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BAO TU**

Mailing Address **1566 DENALI WAY**

City

**SAN JOSE**

State

**CA**

Zip Code

**95122-2401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1057.00**

**Transaction ID : SA17.163421**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2549 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BAO TU**

Mailing Address **1566 DENALI WAY**

City

**SAN JOSE**

State

**CA**

Zip Code

**95122-2401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**1057.00**

**Transaction ID : SA17.167687**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**57.00**



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JERRY TUBERGEN**

Mailing Address **126 OTTAWA AVE NW**

City

**GRAND RAPIDS**

State

**MI**

Zip Code

**49503-2829**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RDV CORPORATION**

Occupation

**CEO**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.170760**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANNE P. TUCKER**

Mailing Address **4926 POST OAK TIMBER DR**

City

**HOUSTON**

State

**TX**

Zip Code

**77056-2212**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**310.00**

**Transaction ID : SA17.164128**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2657.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2550 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANNE P. TUCKER**

Mailing Address 4926 POST OAK TIMBER DR

City

HOUSTON

State

TX

Zip Code

77056-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

**Transaction ID : SA17.167914**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANNE P. TUCKER**

Mailing Address 4926 POST OAK TIMBER DR

City

HOUSTON

State

TX

Zip Code

77056-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

**Transaction ID : SA17.171621**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANNE P. TUCKER**

Mailing Address 4926 POST OAK TIMBER DR

City

HOUSTON

State

TX

Zip Code

77056-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

**Transaction ID : SA17.178752**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

210.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2551 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BRUCE TUCKER**

Mailing Address 2349 CHURCHILL RD

City

RALEIGH

State

NC

Zip Code

27608-2003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166100**

Date of Receipt

MM / DD / YYYY  
11 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHNATHAN TUCKER**

Mailing Address 141 COUNTRY HAVEN LN

City

FUQUAY VARINA

State

NC

Zip Code

27526-6708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ASSOCIATED CONTRACT SERVICES INC.

Occupation

GENERAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

365.00

**Transaction ID : SA17.155296**

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHNATHAN TUCKER**

Mailing Address 141 COUNTRY HAVEN LN

City

FUQUAY VARINA

State

NC

Zip Code

27526-6708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ASSOCIATED CONTRACT SERVICES INC.

Occupation

GENERAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

365.00

**Transaction ID : SA17.167672**

Date of Receipt

MM / DD / YYYY  
10 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2965.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2552 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHNATHAN TUCKER**

Mailing Address 141 COUNTRY HAVEN LN

City	State	Zip Code
FUQUAY VARINA	NC	27526-6708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOCIATED CONTRACT SERVICES INC.

Occupation  
GENERAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

365.00

**Transaction ID : SA17.169302**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHNATHAN TUCKER**

Mailing Address 141 COUNTRY HAVEN LN

City	State	Zip Code
FUQUAY VARINA	NC	27526-6708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOCIATED CONTRACT SERVICES INC.

Occupation  
GENERAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

365.00

**Transaction ID : SA17.176921**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NANCY TUCKER**

Mailing Address 9618 SW QUARTERMASTER DR

City	State	Zip Code
VASHON	WA	98070-7076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.167226**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2553 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NANCY TUCKER**

Mailing Address 9618 SW QUARTERMASTER DR

City	State	Zip Code
VASHON	WA	98070-7076

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.171087**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NANCY TUCKER**

Mailing Address 9618 SW QUARTERMASTER DR

City	State	Zip Code
VASHON	WA	98070-7076

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.175600**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NANCY TUCKER**

Mailing Address 9618 SW QUARTERMASTER DR

City	State	Zip Code
VASHON	WA	98070-7076

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.178577**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2554 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID TURNER**

Mailing Address 2156 LAKESIDE DR E

City	State	Zip Code
FERNANDINA BEACH	FL	32034-5232

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.164486**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**IVANA TURNER**

Mailing Address 2 E HIGHFIELD RD

City	State	Zip Code
BALTIMORE	MD	21218-1136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163086**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**IVANA TURNER**

Mailing Address 2 E HIGHFIELD RD

City	State	Zip Code
BALTIMORE	MD	21218-1136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171315**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2555 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**IVANA TURNER**

Mailing Address **2 E HIGHFIELD RD**

City	State	Zip Code
BALTIMORE	MD	21218-1136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.178643**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMES TURNER**

Mailing Address **4047 N PENNSYLVANIA ST**

City	State	Zip Code
INDIANAPOLIS	IN	46205-2608

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BINGHAM GREENEBAUM DOLL LLP**

Occupation  
**CHIEF OPERATING OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.158440**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN F. TURNER**

Mailing Address **2 TRIANGLE X RANCH RD**

City	State	Zip Code
MOOSE	WY	83012-9704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INTERNATIONAL PAPER COMPANY**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.160693**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2556 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAMELA TURNER**

Mailing Address **4 FAYERWEATHER ST**

City	State	Zip Code
CAMBRIDGE	MA	02138-3330

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.165145**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**PAMELA TURNER**

Mailing Address **4 FAYERWEATHER ST**

City	State	Zip Code
CAMBRIDGE	MA	02138-3330

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171551**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRIAN J. TURRENTINE**

Mailing Address **4329 MCFARLIN BLVD**

City	State	Zip Code
DALLAS	TX	75205-1628

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**J.P. MORGAN CHASE**

Occupation  
**BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169444**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**450.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2557 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARVIN DONALD TWEET**

Mailing Address PO BOX 1396

City	State	Zip Code
GLENDIVE	MT	59330-1396

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.160588**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARVIN DONALD TWEET**

Mailing Address PO BOX 1396

City	State	Zip Code
GLENDIVE	MT	59330-1396

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.171871**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

## CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CHRIS TYLER**

Mailing Address 3472 HARTFORD LN

City	State	Zip Code
FRISCO	TX	75033-0059

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CONIFER HEALTH SOLUTIONS

Occupation  
CIO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169066**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2558 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. I. STEVEN UDVARHELYI**  
Mailing Address 2185 WYNDTREE LN

City State Zip Code  
MALVERN PA 19355-2343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INDEPENDENCE BLUE CROSS

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166622**

Date of Receipt

**11 / 11 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FRANK ULF**  
Mailing Address 565 COVINGTON PL

City State Zip Code  
PASADENA CA 91105-2821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COVINGTON CAPITAL MANAGEMENT

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161575**

Date of Receipt

**10 / 20 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM ULM SR.**  
Mailing Address 1240 RAMSER DR

City State Zip Code  
WATKINSVILLE GA 30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.165854**

Date of Receipt

**11 / 04 / 2015**

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2100.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2559 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ULM SR.**

Mailing Address 1240 RAMSER DR

City

WATKINSVILLE

State

GA

Zip Code

30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.165854B**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ULM SR.**

Mailing Address 1240 RAMSER DR

City

WATKINSVILLE

State

GA

Zip Code

30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.168231**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ULM SR.**

Mailing Address 1240 RAMSER DR

City

WATKINSVILLE

State

GA

Zip Code

30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.172597**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2560 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ULM SR.**

Mailing Address 1240 RAMSER DR

City

WATKINSVILLE

State

GA

Zip Code

30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.172597B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ULM SR.**

Mailing Address 1240 RAMSER DR

City

WATKINSVILLE

State

GA

Zip Code

30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.175934**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ULM SR.**

Mailing Address 1240 RAMSER DR

City

WATKINSVILLE

State

GA

Zip Code

30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.173740**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2561 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ULM SR.**

Mailing Address 1240 RAMSER DR

City

WATKINSVILLE

State

GA

Zip Code

30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.173740B**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ULM SR.**

Mailing Address 1240 RAMSER DR

City

WATKINSVILLE

State

GA

Zip Code

30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.175935**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM ULM SR.**

Mailing Address 1240 RAMSER DR

City

WATKINSVILLE

State

GA

Zip Code

30677-6972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ULM CORP

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.180105**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2562 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. JEAN E. ULRICH**

Mailing Address 1372 LUTHER LN

City	State	Zip Code
ARLINGTON HEIGHTS	IL	60004-8101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.163360**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JEAN E. ULRICH**

Mailing Address 1372 LUTHER LN

City	State	Zip Code
ARLINGTON HEIGHTS	IL	60004-8101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.179187**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LINDA ULRICH**

Mailing Address 8599 RAGLAN ROAD

City	State	Zip Code
VIENNA	VA	22182-2381

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WINE INSTITUTE

Occupation  
VP, FEDERAL AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159980**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2563 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LINDA ULRICH**

Mailing Address **8599 RAGLAN ROAD**

City

**VIENNA**

State

**VA**

Zip Code

**22182-2381**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**WINE INSTITUTE**

Occupation

**VP, FEDERAL AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169120**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LINDA ULRICH**

Mailing Address **8599 RAGLAN ROAD**

City

**VIENNA**

State

**VA**

Zip Code

**22182-2381**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**WINE INSTITUTE**

Occupation

**VP, FEDERAL AFFAIRS**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.176606**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HOWARD I. UNGERLEIDER**

Mailing Address **1312 WOODVIEW CT**

City

**MIDLAND**

State

**MI**

Zip Code

**48642-7178**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THE DOW CHEMICAL COMPANY**

Occupation

**CHIEF FINANCIAL OFFICER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159347**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

**5450.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2564 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELISSA UNGERLEIDER**

Mailing Address 1312 WOODVIEW CT

City	State	Zip Code
MIDLAND	MI	48642-7178

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166320**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. HOWARD I. UNGERLEIDER**

Mailing Address 1312 WOODVIEW CT

City	State	Zip Code
MIDLAND	MI	48642-7178

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE DOW CHEMICAL COMPANY

Occupation  
CHIEF FINANCIAL OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159347B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**HON. CHASE G. UNTERMEYER**

Mailing Address 3608 LOCKE LN  
STE 920

City	State	Zip Code
HOUSTON	TX	77027-4004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SELF-EMPLOYED

INTERNATIONAL BUSINESS CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158375**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2565 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FRANK D. UPCHURCH III**

Mailing Address PO BOX 3007

City	State	Zip Code
SAINT AUGUSTINE	FL	32085-3007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UPCHURCH, BAILEY & UPCHURCH

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170657**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PENDER E. UPCHURCH III**

Mailing Address 3836 GLEN IRIS LN

City	State	Zip Code
RALEIGH	NC	27612-4278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179003**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALFRED R. URBANO**

Mailing Address 10 GAME LAND RD

City	State	Zip Code
BLUFFTON	SC	29910-8394

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163113**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2566 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN UTHMEIER**

Mailing Address 1311 HERITAGE MANOR DR  
UNIT 403

City State Zip Code  
JACKSONVILLE FL 32207-7628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163263**

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALBERT VACOVSKY**

Mailing Address 26 BEACONSFIELD

City State Zip Code  
DOVE CANYON CA 92679-3702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
YOUNG'S MARKET COMPANY

Occupation  
EVP, HUMAN RESOURCES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.160771**

Date of Receipt

M M / D D / Y Y Y Y  
10 19 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALBERT VACOVSKY**

Mailing Address 26 BEACONSFIELD

City State Zip Code  
DOVE CANYON CA 92679-3702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
YOUNG'S MARKET COMPANY

Occupation  
EVP, HUMAN RESOURCES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.169529**

Date of Receipt

M M / D D / Y Y Y Y  
11 18 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

450.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2567 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALBERT VACOVSKY**

Mailing Address **26 BEACONSFIELD**

City	State	Zip Code
DOVE CANYON	CA	92679-3702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**YOUNG'S MARKET COMPANY**

Occupation  
**EVP, HUMAN RESOURCES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.177505**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD VAGUE**

Mailing Address **1807 DELANCEY ST**

City	State	Zip Code
PHILADELPHIA	PA	19103-6606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165750**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. JENNIFER VALDES**

Mailing Address **5866 SW 15TH ST**

City	State	Zip Code
WEST MIAMI	FL	33144-5716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DR. BARRETO**

Occupation  
**DENTAL HYGIENIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173499**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2568 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSE R. VALDES**

Mailing Address **5866 SW 15TH ST**

City	State	Zip Code
<b>WEST MIAMI</b>	<b>FL</b>	<b>33144-5716</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BANK UNITED**

Occupation  
**CORPORATE BANKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.173501**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KATIE VALENTI**

Mailing Address **39400 WOODWARD AVE**  
**STE 100**

City	State	Zip Code
<b>BLOOMFIELD HILLS</b>	<b>MI</b>	<b>48304-5151</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165793**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SAMUEL VALENTI III**

Mailing Address **39400 WOODWARD AVE**  
**STE 100**

City	State	Zip Code
<b>BLOOMFIELD HILLS</b>	<b>MI</b>	<b>48304-5151</b>

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**VALENTI CAPITAL, LLC**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165796**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6400.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2569 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN W. VALENTINE**

Mailing Address **4554 NORMANDY AVE**

City <b>MEMPHIS</b>	State <b>TN</b>	Zip Code <b>38117-2429</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.177410**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK VALLELY**

Mailing Address **118 GLENWOOD DR**

City <b>GREENWICH</b>	State <b>CT</b>	Zip Code <b>06830-7015</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INTEGRATED RESOURCES HOLDINGS**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157608**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICOLE VALLS**

Mailing Address **515 SW 22ND RD**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33129-1915</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**VALLS GROUP**

Occupation  
**RESTAURANTEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1558.50**

**Transaction ID : SA17.159461**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2570 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. AMY VAN ANDEL**

Mailing Address **PO BOX 74**

City	State	Zip Code
ADA	MI	49301-0074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174374**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LEWIS VAN AMERONGEN**

Mailing Address **509 MADISON AVENUE SUITE 2300**

City	State	Zip Code
NEW YORK	NY	10022-5501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ENTREPRENEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.168997**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LEWIS VAN AMERONGEN**

Mailing Address **509 MADISON AVENUE SUITE 2300**

City	State	Zip Code
NEW YORK	NY	10022-5501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ENTREPRENEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.175224**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2571 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN VAN ANDEL**

Mailing Address **PO BOX 74**

City	State	Zip Code
ADA	MI	49301-0074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMWAY**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174408**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LANCE VAN DEMAN**

Mailing Address **1337 CALLE LAGO**

City	State	Zip Code
EL PASO	TX	79912-7545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HUB INTERNATIONAL**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175853**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TRICIA VAN MOURICK**

Mailing Address **187 MONARCH BAY DR**

City	State	Zip Code
DANA POINT	CA	92629-3447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**450.00**

**Transaction ID : SA17.156433**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2572 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TRICIA VAN MOURICK**

Mailing Address 187 MONARCH BAY DR

City	State	Zip Code
DANA POINT	CA	92629-3447

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.175752**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM S. VAN NORTWICK**

Mailing Address 1501 KANEVILLE RD

City	State	Zip Code
GENEVA	IL	60134-1934

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WILLIAM BLAIR COMPANY

Occupation  
VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158508**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARY ADICKES VAN PELT**

Mailing Address 315 BELLEVUE AVE

City	State	Zip Code
NEWPORT	RI	02840-3569

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EVENT PLANNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165623**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☐ Memo Item

**CHARGED BACK**

**Subtotal Of Receipts This Page (optional)**.....

-2350.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2573 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ADRI VANCADSAND**

Mailing Address 91 CORNELL AVE

City	State	Zip Code
CHURCHVILLE	PA	18966-1362

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.167067**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID J. VANDERSLIK JR.**

Mailing Address 4950 4TH AVE SW

City	State	Zip Code
GRANDVILLE	MI	49418-9403

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DJ'S LANDSCAPE MANAGEMENT

Occupation  
OWNER/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165445**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARK VANDERMYDE**

Mailing Address 4736 DREW AVE S

City	State	Zip Code
MINNEAPOLIS	MN	55410-1738

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TRAVELERS

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173361**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2574 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT C. VANDEVORT**

Mailing Address **3850 ENFIELD CHASE CT**  
**APT 219**

City **BOWIE** State **MD** Zip Code **20716-2224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.158356**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT C. VANDEVORT**

Mailing Address **3850 ENFIELD CHASE CT**  
**APT 219**

City **BOWIE** State **MD** Zip Code **20716-2224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.170604**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PATRICK H. VANMETER**

Mailing Address **2823 38TH ST NW**

City **WASHINGTON** State **DC** Zip Code **20007-1341**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**U.S. CONGRESS**

Occupation  
**COMMUNICATIONS DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.158562**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**250.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2575 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK H. VANMETER**

Mailing Address 2823 38TH ST NW

City	State	Zip Code
WASHINGTON	DC	20007-1341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. CONGRESS

Occupation  
COMMUNICATIONS DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.163240**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. EDILBERTA VARGAS-SHANLEY**

Mailing Address 8101 MORNING VIEW DR

City	State	Zip Code
HUDSON	FL	34667-8033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.167341**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. EDILBERTA VARGAS-SHANLEY**

Mailing Address 8101 MORNING VIEW DR

City	State	Zip Code
HUDSON	FL	34667-8033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.171729**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

700.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2576 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MONICA C. VARGAS**

Mailing Address 4017 FLAMINGO DR

City	State	Zip Code
EL PASO	TX	79902-1313

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TENET HEALTHCARE**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177906**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHILTON D. VARNER**

Mailing Address 3647 CLOUDLAND DR NW

City	State	Zip Code
ATLANTA	GA	30327-2907

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KING & SPALDING**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173551**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAFAEL VASQUEZ**

Mailing Address 2 GOLD ST

City	State	Zip Code
NEW YORK	NY	10038-4821

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SIMPSON THACHER & BARTLETT LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.164562**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2577 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RAFAEL VASQUEZ**

Mailing Address 2 GOLD ST

City  
NEW YORK

State Zip Code  
NY 10038-4821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SIMPSON THACHER & BARTLETT LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.180440**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. XAVIER VASQUEZ**

Mailing Address 10523 AVALON RDG

City  
SAN ANTONIO

State Zip Code  
TX 78240-3643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164401**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FARRAR VAUGHAN**

Mailing Address 6335 WHEEL CV

City  
MEMPHIS

State Zip Code  
TN 38119-8244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BLUFF CITY JAGUAR

Occupation  
CAR DEALER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.159917**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2578 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FARRAR VAUGHAN**

Mailing Address 6335 WHEEL CV

City	State	Zip Code
MEMPHIS	TN	38119-8244

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BLUFF CITY JAGUAR**

Occupation  
**CAR DEALER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.167256**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FARRAR VAUGHAN**

Mailing Address 6335 WHEEL CV

City	State	Zip Code
MEMPHIS	TN	38119-8244

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BLUFF CITY JAGUAR**

Occupation  
**CAR DEALER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.172234**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FARRAR VAUGHAN**

Mailing Address 6335 WHEEL CV

City	State	Zip Code
MEMPHIS	TN	38119-8244

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BLUFF CITY JAGUAR**

Occupation  
**CAR DEALER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.179360**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2579 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ISABELINO VAZQUEZ**

Mailing Address 4100 SE 89TH TER

City

OKLAHOMA CITY

State

OK

Zip Code

73135-6348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.00

**Transaction ID : SA17.155323**

Date of Receipt

**10 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ISABELINO VAZQUEZ**

Mailing Address 4100 SE 89TH TER

City

OKLAHOMA CITY

State

OK

Zip Code

73135-6348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.00

**Transaction ID : SA17.160423**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ISABELINO VAZQUEZ**

Mailing Address 4100 SE 89TH TER

City

OKLAHOMA CITY

State

OK

Zip Code

73135-6348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.00

**Transaction ID : SA17.170858**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

60.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

160.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2580 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAVIER L. VAZQUEZ**

Mailing Address 16110 W PRESTWICK PL

City	State	Zip Code
MIAMI LAKES	FL	33014-6530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158507**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KRISHNA K. VEERARAGHAVAN**

Mailing Address 79 LAIGHT ST

City	State	Zip Code
NEW YORK	NY	10013-2000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SULLIVAN & CROMWELL LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157999**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM KENT VELDE**

Mailing Address 3424 N SHEPARD AVE

City	State	Zip Code
MILWAUKEE	WI	53211-2927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAKEVIEW EQUITY PARTNERS, LLC**

Occupation  
**PRIVATE EQUITY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158529**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2581 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID VERINDER**

Mailing Address 113 SEAGULL LN

City	State	Zip Code
SARASOTA	FL	34236-1605

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SARASOTA MEMORIAL

Occupation  
CEO HEALTHCARE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170040**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. SUDIP VERMA**

Mailing Address 4 EDWARD DR

City	State	Zip Code
WINCHESTER	MA	01890-3601

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALEGEUS TECHNOLOGIES

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.162492**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. SUDIP VERMA**

Mailing Address 4 EDWARD DR

City	State	Zip Code
WINCHESTER	MA	01890-3601

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ALEGEUS TECHNOLOGIES

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.171552**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2582 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GUILLERMO VERNET**

Mailing Address **240 W MCINTYRE ST**

City

**KEY BISCAIYNE**

State

**FL**

Zip Code

**33149-1813**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HENCORP FINANCIAL**

Occupation  
**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174251**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CAROLE A. VETTER**

Mailing Address **1048 ANNERLEY RD**

City

**PIEDMONT**

State

**CA**

Zip Code

**94610-1110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.164435**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROLE A. VETTER**

Mailing Address **1048 ANNERLEY RD**

City

**PIEDMONT**

State

**CA**

Zip Code

**94610-1110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.171905**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2583 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CAROLE A. VETTER**

Mailing Address 1048 ANNERLEY RD

City	State	Zip Code
PIEDMONT	CA	94610-1110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.172386**

Date of Receipt

**12 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. CAROLE A. VETTER**

Mailing Address 1048 ANNERLEY RD

City	State	Zip Code
PIEDMONT	CA	94610-1110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.179143**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JARRETT VICK**

Mailing Address 1603 GULF AVE

City	State	Zip Code
MIDLAND	TX	79705-8618

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PERMIAN CRUDE TRANSPORT

Occupation  
FOUNDER/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172768**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2584 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JARRETT VICK**

Mailing Address 1603 GULF AVE

City

MIDLAND

State

TX

Zip Code

79705-8618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PERMIAN CRUDE TRANSPORT

Occupation

FOUNDER/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180107**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SEAN VIEIRA**

Mailing Address 4070 OAK VILLAGE LDG

City

FAIRFAX

State

VA

Zip Code

22033-6226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SJV LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172267**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. RAGHAVENDRA VIJAYANAGAR**

Mailing Address 5 TAMPA GENERAL CIR

STE 720

City

TAMPA

State

FL

Zip Code

33606-3573

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

R VIJAYANAGAR, M.D., P.A.

Occupation

SURGEON

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169796**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2585 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AARON VILLARREAL**

Mailing Address 5805 N 12TH ST

City	State	Zip Code
MCALLEN	TX	78504-4405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164396**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID J. VILLARI**

Mailing Address 2899 NE 26TH CT

City	State	Zip Code
FORT LAUDERDALE	FL	33306-1906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

GIG INS GROUP

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172509**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN VILLAMIZAR**

Mailing Address 1201 OAKWATER DR

City	State	Zip Code
ROYAL PALM BEACH	FL	33411-6107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ADVANCED VISION

Occupation  
OPTICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.179005**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

375.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3325.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2586 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JORGE VILLA**

Mailing Address 195 DECATUR AVE

City	State	Zip Code
CLOVIS	CA	93611-7054

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.163210**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MYRTHALA VILLARREAL**

Mailing Address 1920 N 46TH ST

City	State	Zip Code
MCALLEN	TX	78501-3042

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175029**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. STACEY VILLAMIZAR**

Mailing Address 1201 OAKWATER DR

City	State	Zip Code
ROYAL PALM BEACH	FL	33411-6107

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JF REV TRUST**

Occupation  
**PA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.179026**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

375.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3575.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SYBONAE A. VILLAREAL**

Mailing Address 5805 N 12TH ST

City	State	Zip Code
MCALLEN	TX	78504-4405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164399**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN VINCENT**

Mailing Address 92 6TH ST

City	State	Zip Code
GARDEN CITY	NY	11530-4411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
BRIDGE CAPITAL MANAGEMENT	ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178270**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PHILIP VINEYARD**

Mailing Address 45 E BATTERY ST

City	State	Zip Code
CHARLESTON	SC	29401-2500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
PPV, INC.	CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165758**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5650.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2588 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. DONALD E. VINSON**

Mailing Address **2301 ROSECRANS AVE**  
**STE 3185**

City **EL SEGUNDO** State **CA** Zip Code **90245-4918**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**VINSON & COMPANY LLC**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.164394**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HERSCHEL T. VINYARD JR.**

Mailing Address **4447 CHIPPEWA DR**

City **JACKSONVILLE** State **FL** Zip Code **32210-6006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FOLEY & LARDNER**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.170658**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JENNIFER MARKSON VIOLETTE**

Mailing Address **7581 CANNONEER CT**

City **WARRENTON** State **VA** Zip Code **20186-9720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MARKETING/PR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1250.00**

**Transaction ID : SA17.177062**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2000.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2589 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT A. VIRTUE**

Mailing Address **4 MAVERICK LN**

City

**ROLLING HILLS**

State

**CA**

Zip Code

**90274-5230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**VIRCO MFG CORPORATION**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162921**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT V. VITALE**

Mailing Address **2503 S HANLEY RD**

City

**BRENTWOOD**

State

**MO**

Zip Code

**63144-2503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**POST HOLDINGS, INC.**

Occupation

**PRESIDENT/CEO**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.178962**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MATTHEW VITRIS**

Mailing Address **2136 N RACINE AVE**

**APT 1**

City

**CHICAGO**

State

**IL**

Zip Code

**60614-4002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HEINEKEN USA**

Occupation

**CATEGORY DEVELOPMENT MANAGER**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.157658**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4950.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2590 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. JAVIER VIZOSO M.D.**

Mailing Address 1114 HARDEE RD

City	State	Zip Code
CORAL GABLES	FL	33146-3229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.144103**

Date of Receipt

**09 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. JAVIER VIZOSO M.D.**

Mailing Address 1114 HARDEE RD

City	State	Zip Code
CORAL GABLES	FL	33146-3229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.144103B**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**DR. JAVIER VIZOSO M.D.**

Mailing Address 1114 HARDEE RD

City	State	Zip Code
CORAL GABLES	FL	33146-3229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : SA17.165488**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2591 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TED J. VLAMIS**

Mailing Address **6 N BROOKFIELD RD**

City	State	Zip Code
<b>EASTBOROUGH</b>	<b>KS</b>	<b>67206-2005</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PIONEER BALLOON**

Occupation  
**VP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.165141**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT J. VLASIC**

Mailing Address **38710 WOODWARD AVE**  
**STE 100**

City	State	Zip Code
<b>BLOOMFIELD HILLS</b>	<b>MI</b>	<b>48304-5073</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.158603**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CAROL S. VOCKEL**

Mailing Address **300 MADISON AVE**  
**APT 523**

City	State	Zip Code
<b>PITTSBURGH</b>	<b>PA</b>	<b>15243-1089</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.170598**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**STEVE VOELLER**

Mailing Address 4740 E SLEEPY RANCH RD

City	State	Zip Code
CAVE CREEK	AZ	85331-4417

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SUMMIT GROUP**

Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159289**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOBY VOGHT**

Mailing Address 1709 E LLOYD ST

City	State	Zip Code
PENSACOLA	FL	32503-6060

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**U.S. NAVY**

Occupation  
**NAVAL AVIATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.166713**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TOBY VOGHT**

Mailing Address 1709 E LLOYD ST

City	State	Zip Code
PENSACOLA	FL	32503-6060

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**U.S. NAVY**

Occupation  
**NAVAL AVIATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.173884**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2593 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**TOBY VOGHT**

Mailing Address 1709 E LLOYD ST

City	State	Zip Code
PENSACOLA	FL	32503-6060

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
U.S. NAVY

Occupation  
NAVAL AVIATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.178251**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TOBY VOGHT**

Mailing Address 1709 E LLOYD ST

City	State	Zip Code
PENSACOLA	FL	32503-6060

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
U.S. NAVY

Occupation  
NAVAL AVIATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.180560**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FERDINAND VON GALEN**

Mailing Address PO BOX 737

City	State	Zip Code
PATAGONIA	AZ	85624-0737

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161518**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2594 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. BONNIE M. VONDRACEK**

Mailing Address 14808 MELVIN ST

City	State	Zip Code
LIVONIA	MI	48154-3732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TSFP HOLDINGS, INC.

Occupation  
OFFICE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158500**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL P. VONDRA**

Mailing Address 2250 SOUTHWIND BLVD

City	State	Zip Code
BARTLETT	IL	60103-1304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BLUFF CITY MATERIALS

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158543**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KRISTINE VOULGARIS**

Mailing Address 226 LOST DISTRICT DR

City	State	Zip Code
NEW CANAAN	CT	06840-2011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
VOLUNTEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161591**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5900.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2595 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NICHOLAS VOULGARIS**

Mailing Address 226 LOST DISTRICT DR

City

NEW CANAAN

State

CT

Zip Code

06840-2011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MANHATTAN RESIDENTIAL EQUITIES LLC

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161592**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM A. VOXMAN**

Mailing Address 1135 SAINT ALBANS RD

City

SAN MARINO

State

CA

Zip Code

91108-1855

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LATHAM & WATKINS

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163047**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBB L. VOYLES**

Mailing Address 3000 N SAM HOUSTON PKWY E

City

HOUSTON

State

TX

Zip Code

77032-3219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HALLIBURTON

Occupation

EVP SECRETARY OF GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.164410**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2596 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARC WACHTENHEIM**

Mailing Address 1400 IRVING ST NW

City	State	Zip Code
WASHINGTON	DC	20010-2850

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ENTREPRENEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

**Transaction ID : SA17.175139**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KARL WADDELL**

Mailing Address 7 BRETTON CREEK CT

City	State	Zip Code
DALLAS	TX	75220-3842

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CEC COMPANIES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169063**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANGELIQUE WADDELL**

Mailing Address 7 BRETTON CREEK CT

City	State	Zip Code
DALLAS	TX	75220-3842

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175738**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2597 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KARL WADDELL**

Mailing Address **7 BRETTON CREEK CT**

City	State	Zip Code
DALLAS	TX	75220-3842

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CEC COMPANIES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169063B**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item  
**REATTRIBUTION TO SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**MS. BETTY T. WADE**

Mailing Address **225 N WESTVIEW DR**

City	State	Zip Code
WINSTON SALEM	NC	27104-1949

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166405**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY L. WADE**

Mailing Address **1148 BURKE ST**

City	State	Zip Code
WINSTON SALEM	NC	27101-2415

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166407**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2598 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. S. DWAYNE WADE**

Mailing Address **344 WADLEIGH FALLS RD**

City <b>NEWMARKET</b>	State <b>NH</b>	Zip Code <b>03857-2189</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.170636**

Date of Receipt

M M / D D / Y Y Y Y
<b>11 / 24 / 2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. S. DWAYNE WADE**

Mailing Address **344 WADLEIGH FALLS RD**

City <b>NEWMARKET</b>	State <b>NH</b>	Zip Code <b>03857-2189</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.171783**

Date of Receipt

M M / D D / Y Y Y Y
<b>11 / 30 / 2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. S. DWAYNE WADE**

Mailing Address **344 WADLEIGH FALLS RD**

City <b>NEWMARKET</b>	State <b>NH</b>	Zip Code <b>03857-2189</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.178527**

Date of Receipt

M M / D D / Y Y Y Y
<b>12 / 28 / 2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2599 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. JULIANE E. WAGENER**

Mailing Address **4724 HARLEY AVENUE**

City

**FORT WORTH**

State

**TX**

Zip Code

**76107-3714**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.169451**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BRIAN WAIDMANN**

Mailing Address **3824 N CHESTERBROOK RD**

City

**ARLINGTON**

State

**VA**

Zip Code

**22207-4562**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**AMERICAN COUNCIL OF LIFE INSURERS**

Occupation

**CHIEF OF STAFF**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.164245**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELIZABETH WAINSTEIN**

Mailing Address **4007 MOSS PL**

City

**ALEXANDRIA**

State

**VA**

Zip Code

**22304-1721**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THE POTOMAC COMPANY**

Occupation

**ANTIQUE DEALER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.167307**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5650.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2600 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS WAKE**

Mailing Address **15 E AYRES ST**

City

**HINSDALE**

State

**IL**

Zip Code

**60521-3405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**EBY BROWN**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.154170**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MICHELLE WAKE**

Mailing Address **15 E AYRES ST**

City

**HINSDALE**

State

**IL**

Zip Code

**60521-3405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B162316**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS WAKE**

Mailing Address **15 E AYRES ST**

City

**HINSDALE**

State

**IL**

Zip Code

**60521-3405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**EBY BROWN**

Occupation

**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.B162317**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....

**0.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 2601 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MARIE WALCHLE

Mailing Address 932 FIDDLERS CREEK RD

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082-5107

FEC ID number of contributing federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172502**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)**

SHEILA WALCOFF

Mailing Address 607 OAK KNOLL TER

City	State	Zip Code
ROCKVILLE	MD	20850-7804

FEC ID number of contributing federal political committee.

C

Name of Employer  
GOLDBUG STRATEGIESOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163085**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)**

MRS. JULIA L. WALDEN

Mailing Address 5232 BARRYVILLE RD

City	State	Zip Code
NASHVILLE	MI	49073-9541

FEC ID number of contributing federal political committee.

C

Name of Employer  
GREAT LAKE COMPANYOccupation  
OFFICE STAFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.156856**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3700.00

Total This Period (last page this line number only).....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2602 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAN WALDEN**

Mailing Address 5232 BARRYVILLE RD

City	State	Zip Code
NASHVILLE	MI	49073-9541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162301**

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item  
REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. JULIA L. WALDEN**

Mailing Address 5232 BARRYVILLE RD

City	State	Zip Code
NASHVILLE	MI	49073-9541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
GREAT LAKE COMPANY	OFFICE STAFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B162302**

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN WALDMAN**

Mailing Address 7729 YAMINI DR

City	State	Zip Code
DALLAS	TX	75230-3230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
WALDMAN BROS, LLP	INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162256**

Date of Receipt

MM / DD / YYYY  
10 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2603 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. KENNETH CLAYTON WALDO JR.**

Mailing Address 1000 DEERFIELD RD

City	State	Zip Code
RALEIGH	NC	27609-5429

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.170523**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

270.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HOSAM WALI**

Mailing Address 2 SARAH CT

City	State	Zip Code
SEEKONK	MA	02771-3242

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PIZZA AMORE

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177248**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KHEIR WALI**

Mailing Address 2 SARAH CT

City	State	Zip Code
SEEKONK	MA	02771-3242

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177245**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5670.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2604 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WESAM WALI**

Mailing Address **2 SARAH CT**

City

**SEEKONK**

State

**MA**

Zip Code

**02771-3242**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MACY'S**

Occupation

**CUSTOMER SERVICE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.177247**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CHRIS L. WALKER**

Mailing Address **36 SURFSIDE ROAD**

City

**SCITUATE**

State

**MA**

Zip Code

**02066**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BROWN & BROWN, INC.**

Occupation

**INSURANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173553**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID F. WALKER**

Mailing Address **1425 FORD ST**

City

**GENEVA**

State

**IL**

Zip Code

**60134-1141**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158946**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2605 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HON. DAVID M. WALKER**

Mailing Address **37 BEACON ST**

City <b>BRIDGEPORT</b>	State <b>CT</b>	Zip Code <b>06605-3404</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PRICewaterhouseCOOPERS**

Occupation  
**CPA/CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169556**

Date of Receipt

M M / D D / Y Y Y Y
11 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HON. DAVID M. WALKER**

Mailing Address **37 BEACON ST**

City <b>BRIDGEPORT</b>	State <b>CT</b>	Zip Code <b>06605-3404</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PRICewaterhouseCOOPERS**

Occupation  
**CPA/CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174342**

Date of Receipt

M M / D D / Y Y Y Y
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DEXTER MEAD WALKER**

Mailing Address **4902 DORSET AVE**

City <b>CHEVY CHASE</b>	State <b>MD</b>	Zip Code <b>20815-5442</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MORGAN STANLEY**

Occupation  
**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2790.00**

**Transaction ID : SA17.151505**

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**90.00**

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2606 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DEXTER MEAD WALKER**

Mailing Address 4902 DORSET AVE

City	State	Zip Code
CHEVY CHASE	MD	20815-5442

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MORGAN STANLEY

Occupation  
FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2790.00

**Transaction ID : SA17.151505B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period

-90.00

☒ Memo Item  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. DEXTER MEAD WALKER**

Mailing Address 4902 DORSET AVE

City	State	Zip Code
CHEVY CHASE	MD	20815-5442

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MORGAN STANLEY

Occupation  
FINANCE

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2790.00

**Transaction ID : SA17.170913**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period

90.00

☒ Memo Item  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE R. WALKER III**

Mailing Address 4025 EAST OREM DRIVE

City	State	Zip Code
JACKSON	MS	39211-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HERITAGE PROPERTIES

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : SA17.174090**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2750.00

☐ Memo Item  
REATTRIBUTION / REDESIGNATION REQUESTED

Subtotal Of Receipts This Page (optional).....

2750.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2607 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. GLORIA WALKER**

Mailing Address 3974 DOGWOOD DR

City	State	Zip Code
JACKSON	MS	39211-6703

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173256**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HENRY WALKER**

Mailing Address PO BOX 1272

City	State	Zip Code
LONG BEACH	CA	90801-1272

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FARMERS & MERCHANTS BANK

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159291**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEFF WALKER**

Mailing Address 16 BATCHELDER ROAD

City	State	Zip Code
MARBLEHEAD	MA	01945

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FIRST ACT INC

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.175096**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2608 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MEREDITH M. WALKER**

Mailing Address **5820 DEER PARK LN**

City  
**PLANO**

State  
**TX**

Zip Code  
**75093-4732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MMW RESEARCH**

Occupation  
**ECONOMIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.165918**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. PAUL R. WALKER**

Mailing Address **612 S SAN RAFAEL AVE**

City  
**PASADENA**

State  
**CA**

Zip Code  
**91105-2231**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SIDLEY AUSTIN LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.174961**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEVEN F. WALKER**

Mailing Address **421 E MARKET ST**  
**APT 535**

City  
**INDIANAPOLIS**

State  
**IN**

Zip Code  
**46204-2614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WALKER INFORMATION**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.165658**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2609 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RONALD E. WALKINGTON**

Mailing Address 1905 PEPPER VALLEY DR

City	State	Zip Code
GENEVA	IL	60134-1849

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.158505**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GARY WALL**

Mailing Address 2410 TURNBERRY DR

City	State	Zip Code
JEFFERSONVILLE	IN	47130-5096

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.168158**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GARY WALL**

Mailing Address 2410 TURNBERRY DR

City	State	Zip Code
JEFFERSONVILLE	IN	47130-5096

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.168159**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2610 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GARY WALL**

Mailing Address 2410 TURNBERRY DR

City

JEFFERSONVILLE

State

IN

Zip Code

47130-5096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175803**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**GARY WALL**

Mailing Address 2410 TURNBERRY DR

City

JEFFERSONVILLE

State

IN

Zip Code

47130-5096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.175804**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NANCY WALL**

Mailing Address 1105 PARK AVE  
APT 13A

City

NEW YORK

State

NY

Zip Code

10128-1200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174524**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2611 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD J. WALL**

Mailing Address 2660 CHESTNUT ST

City	State	Zip Code
SAN FRANCISCO	CA	94123-2408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
O'DONNELL, WAIS, WALL, MESCHKE

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162945**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS R. WALL IV**

Mailing Address 1105 PARK AVE  
APT 13A

City	State	Zip Code
NEW YORK	NY	10128-1200

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KELSO & COMPANY

Occupation  
PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174525**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. ANNIE KATE WALLACE**

Mailing Address 400 E BAY ST  
UNIT 1604

City	State	Zip Code
JACKSONVILLE	FL	32202-2967

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
EXCELINED

Occupation  
EXTERNAL AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.169926**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2612 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**IAN WALLACE**

Mailing Address **75 CENTRAL PARK W**  
**# 2AB**

City	State	Zip Code
<b>NEW YORK</b>	<b>NY</b>	<b>10023-6055</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THIRD POINT LLC**

Occupation  
**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157328**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KATHLEEN D. WALLACH**

Mailing Address **601 AMBERSON AVE**

City	State	Zip Code
<b>PITTSBURGH</b>	<b>PA</b>	<b>15232-1414</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166401**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATHLEEN S. WALLACE**

Mailing Address **189 S BEACH RD**

City	State	Zip Code
<b>HOBE SOUND</b>	<b>FL</b>	<b>33455-2510</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.167172**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3800.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2613 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KATHLEEN S. WALLACE**

Mailing Address 189 S BEACH RD

City

HOBE SOUND

State

FL

Zip Code

33455-2510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172094**

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KATHLEEN S. WALLACE**

Mailing Address 189 S BEACH RD

City

HOBE SOUND

State

FL

Zip Code

33455-2510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179559**

Date of Receipt

MM / DD / YYYY  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. WALLACE JR.**

Mailing Address 4850 WINSLOW SQ NW

City

ACWORTH

State

GA

Zip Code

30102-3462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.177405**

Date of Receipt

MM / DD / YYYY  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2614 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT WALLEY**

Mailing Address 1005 W SUTTER RD

City

GLENSHAW

State

PA

Zip Code

15116-1025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.160429**

Date of Receipt

**10** / **18** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LINDA E. WALRAD**

Mailing Address 2100 LINWOOD AVE  
APT 14K

City

FORT LEE

State

NJ

Zip Code

07024-3146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

720.00

**Transaction ID : SA17.170846**

Date of Receipt

**11** / **25** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

360.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**COLLEEN WALSH**

Mailing Address 3 LONE OAK CT

City

CENTERPORT

State

NY

Zip Code

11721-1451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARCLAYS

Occupation

ADMINISTRATIVE COORDINATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158963**

Date of Receipt

**10** / **13** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1460.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2615 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**COLLEEN WALSH**

Mailing Address 3 LONE OAK CT

City

CENTERPORT

State

NY

Zip Code

11721-1451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BARCLAYS

Occupation

ADMINISTRATIVE COORDINATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172703**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL WALSH**

Mailing Address 2049 CENTURY PARK E  
SUITE 1100

City

LOS ANGELES

State

CA

Zip Code

90067-3101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MERRILL LYNCH

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161570**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALONZO D. S. WALTON**

Mailing Address 1819 CHALLENGE AVE

City

JACKSONVILLE

State

FL

Zip Code

32205-9108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170649**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2616 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. DARLENE WALTON**

Mailing Address 10210 TWINGATE DR

City	State	Zip Code
ALPHARETTA	GA	30022-6312

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**VOLUNTEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162892**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM THOMAS WALTON**

Mailing Address 10210 TWINGATE DR

City	State	Zip Code
ALPHARETTA	GA	30022-6312

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DIXON HUGHES GOODMAN LLP**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162900**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CHERYLE W. WANNER-DOGGETT**

Mailing Address 5002 WARREN ST NW

City	State	Zip Code
WASHINGTON	DC	20016-4370

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DOGGETT ENT. INC.**

Occupation  
**PARKING REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158223**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2617 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JIM WARD**

Mailing Address 3125 E CLAREMONT AVE

City	State	Zip Code
PHOENIX	AZ	85016-2363

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE PHOENIX SYMPHONY**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159032**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN M. WARD**

Mailing Address 4033 BUENA VISTA ST  
APT C

City	State	Zip Code
DALLAS	TX	75204-7849

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.166503**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PATRICK O'NEILL WARE**

Mailing Address 2609 S LIPSCOMB ST

City	State	Zip Code
AMARILLO	TX	79109-2331

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169452**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

4000.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

6000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2618 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BLAKE BEAKLEY WARE**

Mailing Address 2609 S LIPSCOMB ST

City	State	Zip Code
AMARILLO	TX	79109-2331

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169453**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. PATRICK O'NEILL WARE**

Mailing Address 2609 S LIPSCOMB ST

City	State	Zip Code
AMARILLO	TX	79109-2331

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.169452B**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2000.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**KRISTINA WAREHAM**

Mailing Address 104 N BEVERWYCK RD

City	State	Zip Code
LAKE HIAWATHA	NJ	07034-2209

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PRECISION CASTPARTS CORP

Occupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180438**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2619 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHARON WARNER**

Mailing Address **488 NORTH ST**

City

**RIDGEFIELD**

State

**CT**

Zip Code

**06877-2532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**PUBLISHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**278.00**

**Transaction ID : SA17.160811**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SHARON WARNER**

Mailing Address **488 NORTH ST**

City

**RIDGEFIELD**

State

**CT**

Zip Code

**06877-2532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**PUBLISHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**278.00**

**Transaction ID : SA17.163522**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SHARON WARNER**

Mailing Address **488 NORTH ST**

City

**RIDGEFIELD**

State

**CT**

Zip Code

**06877-2532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**PUBLISHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**278.00**

**Transaction ID : SA17.171472**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**27.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2620 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SHARON WARNER**

Mailing Address **488 NORTH ST**

City

**RIDGEFIELD**

State

**CT**

Zip Code

**06877-2532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**PUBLISHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**278.00**

**Transaction ID : SA17.178783**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JEAN M. WARREN**

Mailing Address **2410 NW GRAND CIR**

City

**OKLAHOMA CITY**

State

**OK**

Zip Code

**73116-4118**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1400.00**

**Transaction ID : SA17.162100**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. JEAN M. WARREN**

Mailing Address **2410 NW GRAND CIR**

City

**OKLAHOMA CITY**

State

**OK**

Zip Code

**73116-4118**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1400.00**

**Transaction ID : SA17.170823**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**501.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2621 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. JEAN M. WARREN**

Mailing Address 2410 NW GRAND CIR

City	State	Zip Code
OKLAHOMA CITY	OK	73116-4118

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

**Transaction ID : SA17.170824**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LINDA PETERSON WARREN**

Mailing Address 9021 N 48TH PL

City	State	Zip Code
PARADISE VALLEY	AZ	85253-1520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162918**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MIRIAM WARREN**

Mailing Address 1619 R ST NW  
APT 405

City	State	Zip Code
WASHINGTON	DC	20009-6423

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DCI GROUP

Occupation  
PUBLIC AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162401**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2622 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. RHONDA WARREN**

Mailing Address 3129 MAHOGANY RUN CIR NW

City	State	Zip Code
NORTH CANTON	OH	44720-9567

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172982**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD L. WARREN**

Mailing Address 9021 N 48TH PL

City	State	Zip Code
PARADISE VALLEY	AZ	85253-1520

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162917**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. FORREST DUVALL WARTHMAN**

Mailing Address 707 BRYANT ST  
APT 202

City	State	Zip Code
PALO ALTO	CA	94301-2505

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.163437**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2025.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2623 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FORREST DUVALL WARTHMAN**

Mailing Address **707 BRYANT ST**  
**APT 202**

City **PALO ALTO** State **CA** Zip Code **94301-2505**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.171441**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. FORREST DUVALL WARTHMAN**

Mailing Address **707 BRYANT ST**  
**APT 202**

City **PALO ALTO** State **CA** Zip Code **94301-2505**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.178719**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JONATHAN WASSERBERG**

Mailing Address **3207 NEWCASTLE DR**

City **HOUSTON** State **TX** Zip Code **77027-5509**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CITY CHOICE GROUP**

Occupation  
**DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159525**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2624 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SCOTT WASSERMAN**

Mailing Address 7720 SW 124TH TER

City	State	Zip Code
MIAMI	FL	33156-6057

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**AKERMAN**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.159319**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID WASSON**

Mailing Address 2906 E 26TH PL

City	State	Zip Code
TULSA	OK	74114-4312

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172732**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DAVID WASSON**

Mailing Address 2906 E 26TH PL

City	State	Zip Code
TULSA	OK	74114-4312

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180117**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2625 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**GEORGE PATTON WATERS**

Mailing Address 412 RICE HOPE DR

City	State	Zip Code
MOUNT PLEASANT	SC	29464-9273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170313**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE PATTON WATERS**

Mailing Address 412 RICE HOPE DR

City	State	Zip Code
MOUNT PLEASANT	SC	29464-9273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.178070**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN WATERHOUSE**

Mailing Address 175 HAVERHILL RD

City	State	Zip Code
WINDHAM	NH	03087-1754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.157150**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1025.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2626 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEVIN WATERHOUSE**

Mailing Address **175 HAVERHILL RD**

City

**WINDHAM**

State

**NH**

Zip Code

**03087-1754**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.167007**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEVIN WATERHOUSE**

Mailing Address **175 HAVERHILL RD**

City

**WINDHAM**

State

**NH**

Zip Code

**03087-1754**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.172185**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEVIN WATERHOUSE**

Mailing Address **175 HAVERHILL RD**

City

**WINDHAM**

State

**NH**

Zip Code

**03087-1754**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.179639**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2627 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILLIP WATKINS**

Mailing Address **28 LISTERIA CREST DR**

City  
**YOUNGSVILLE**

State  
**NC**

Zip Code  
**27596-2010**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166101**

Date of Receipt

**11 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS WATKINS**

Mailing Address **785 E WESTMINSTER**

City  
**LAKE FOREST**

State  
**IL**

Zip Code  
**60045-2248**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.163275**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. VIRGINIA T. WATKINS**

Mailing Address **4025 SHORE LANE**

City  
**BOCA GRANDE**

State  
**FL**

Zip Code  
**33921-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1350.00**

**Transaction ID : SA17.169807**

Date of Receipt

**11 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2628 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAVID WATSON**

Mailing Address **432 BOXWOOD ROAD**

City

**PHILADELPHIA**

State

**PA**

Zip Code

**19010-1222**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COMCAST CABLE**

Occupation

**OPERATIONS**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.169033**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HUGH B. WATSON**

Mailing Address **3737 GUILDHALL TRL**

City

**MARIETTA**

State

**GA**

Zip Code

**30066-8527**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.162914**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. HUGH B. WATSON**

Mailing Address **3737 GUILDHALL TRL**

City

**MARIETTA**

State

**GA**

Zip Code

**30066-8527**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.177403**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2850.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2629 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEVIN WATSON**

Mailing Address 35402 CAMINO CAPISTRANO

City	State	Zip Code
CAPO BEACH	CA	92624-1805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PACIFIC STRATEGIC ADVISORS**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.159295**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEVIN WATSON**

Mailing Address 35402 CAMINO CAPISTRANO

City	State	Zip Code
CAPO BEACH	CA	92624-1805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PACIFIC STRATEGIC ADVISORS**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.168347**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KEVIN WATSON**

Mailing Address 35402 CAMINO CAPISTRANO

City	State	Zip Code
CAPO BEACH	CA	92624-1805

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PACIFIC STRATEGIC ADVISORS**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.176053**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2630 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KELSEY WATTS**

Mailing Address 153 CATHERINE TOWERS LN

City	State	Zip Code
SAINT AUGUSTINE	FL	32092-1739

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180119**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. LOIS M. WATTS**

Mailing Address 4411 MARTINIQUE

City	State	Zip Code
WICHITA FALLS	TX	76308-4012

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**1ST CHURCH OF C.S.**

Occupation  
**TREASURER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.158758**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. LOIS M. WATTS**

Mailing Address 4411 MARTINIQUE

City	State	Zip Code
WICHITA FALLS	TX	76308-4012

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**1ST CHURCH OF C.S.**

Occupation  
**TREASURER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.168692**

Date of Receipt

**11 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2631 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. LOIS M. WATTS**

Mailing Address **4411 MARTINIQUE**

City	State	Zip Code
WICHITA FALLS	TX	76308-4012

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**1ST CHURCH OF C.S.**

Occupation  
**TREASURER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**800.00**

**Transaction ID : SA17.170885**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**400.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. NORMAN F. WATTS**

Mailing Address **1211 N PROVIDENCE RD**

City	State	Zip Code
MEDIA	PA	19063-1204

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WATTS INVESTMENTS**

Occupation  
**FINANCIAL CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.162916**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**3700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. NORMAN F. WATTS**

Mailing Address **1211 N PROVIDENCE RD**

City	State	Zip Code
MEDIA	PA	19063-1204

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WATTS INVESTMENTS**

Occupation  
**FINANCIAL CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3700.00**

**Transaction ID : SA17.162916B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-1000.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**4100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2632 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. NORMAN F. WATTS**

Mailing Address 1211 N PROVIDENCE RD

City	State	Zip Code
MEDIA	PA	19063-1204

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WATTS INVESTMENTS**

Occupation  
**FINANCIAL CONSULTANT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

**Transaction ID : SA17.166554**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**JAY WAXENBERG**

Mailing Address 45 W 60TH ST

City	State	Zip Code
NEW YORK	NY	10023-7940

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PROSKAUER ROSE LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157068**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GARY R. WAXMONSKY**

Mailing Address 7902 BIRNAM WOOD DR

City	State	Zip Code
MCLEAN	VA	22102-2700

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.170835**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2633 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GARY R. WAXMONSKY**

Mailing Address 7902 BIRNAM WOOD DR

City MCLEAN	State VA	Zip Code 22102-2700
----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179299**

Date of Receipt

M M / D D / Y Y Y Y
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ANN M. WAY**

Mailing Address 306 W WALL ST  
STE 410

City MIDLAND	State TX	Zip Code 79701-5131
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166375**

Date of Receipt

M M / D D / Y Y Y Y
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH WAY**

Mailing Address 4101 GULF SHORE BLVD N  
APT 15N

City NAPLES	State FL	Zip Code 34103-2909
----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161917**

Date of Receipt

M M / D D / Y Y Y Y
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3800.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2634 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RALPH L. WAY**

Mailing Address 306 W WALL ST  
STE 410

City MIDLAND State TX Zip Code 79701-5131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL & GAS PRODUCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166421**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BILLY WAYBOURN**

Mailing Address PO BOX 151305

City ARLINGTON State TX Zip Code 76015-7305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DALWORTHINGTON GARDENS

Occupation  
CHIEF OF PUBLIC SAFETY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172767**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BILLY WAYBOURN**

Mailing Address PO BOX 151305

City ARLINGTON State TX Zip Code 76015-7305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DALWORTHINGTON GARDENS

Occupation  
CHIEF OF PUBLIC SAFETY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180120**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2635 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. FREDERICK W. WAYLAND**

Mailing Address **717 MAIDEN CHOICE LN**  
**APT 125**

City **CATONSVILLE** State **MD** Zip Code **21228-6164**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.174473**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. DOROTHY WAZ-VONDRA**

Mailing Address **2250 SOUTHWIND BLVD**

City **BARTLETT** State **IL** Zip Code **60103-1304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.158542**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AUSTIN WEATHERFORD**

Mailing Address **1200 14TH ST NW**  
**APT 1106**

City **WASHINGTON** State **DC** Zip Code **20005-7615**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOUSE OF REPRESENTATIVES**

Occupation  
**GOVERNMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173594**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**850.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2636 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT WEATHERLEY**

Mailing Address 609 JALISCO LN

City

EL PASO

State

TX

Zip Code

79912-2946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ROBERT W. WEATHERLEY AND CO.

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175462**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TED WEATHERFORD**

Mailing Address 7464 SPILLWAY RD

City

SAN ANGELO

State

TX

Zip Code

76904-3997

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174298**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**TED WEATHERFORD**

Mailing Address 7464 SPILLWAY RD

City

SAN ANGELO

State

TX

Zip Code

76904-3997

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174299**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2637 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LAURA WEAVER**

Mailing Address 5858 SUNSET LN

City	State	Zip Code
INDIANAPOLIS	IN	46228-1450

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WEAVER POPCORN COMPANY**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159247**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM WEAVER**

Mailing Address 5858 SUNSET LN

City	State	Zip Code
INDIANAPOLIS	IN	46228-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STAY AT HOME DAD**

Occupation  
**STAY AT HOME DAD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159248**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JACK DANIEL WEBB**

Mailing Address 12380 ALADDIN RD

City	State	Zip Code
JACKSONVILLE	FL	32223-3208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KELLEY KNONENBERG**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158428**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2638 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN H. WEBB**

Mailing Address 2731 RACQUET CLUB DR

City	State	Zip Code
MIDLAND	TX	79705-7433

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OIL & GAS OPERATOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169447**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. SHARON WEBB**

Mailing Address 2731 RACQUET CLUB DR

City	State	Zip Code
MIDLAND	TX	79705-7433

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169459**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WENDELL KEITH WEBB**

Mailing Address 1765 COUNTRY WALK DR

City	State	Zip Code
FLEMING ISLAND	FL	32003-7779

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173564**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2639 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. WAYNE W. WEBBER**

Mailing Address 49536 GOULETTE POINTE DR

City	State	Zip Code
CHESTERFIELD	MI	48047-2305

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE WEBBER GROUP**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.158624**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. CHERYL L. WEBER**

Mailing Address 7701 RIDGECREST DR

City	State	Zip Code
ALEXANDRIA	VA	22308-1052

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.162976**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KURT WEBER**

Mailing Address 21 OAKLAND PARK BLVD

City	State	Zip Code
PLEASANT RIDGE	MI	48069-1110

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161799**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2640 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. PETER E. WEBER**

Mailing Address 320 W BLUFF AVE  
APT 103

City State Zip Code  
FRESNO CA 93711-6911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.163208**

Date of Receipt

M M / D D / Y Y Y Y  
10 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RICHARD WEBER**

Mailing Address 638 BACKBONE RD

City State Zip Code  
SEWICKLEY PA 15143-1495

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PENNENERGY RESOURCES

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.155483**

Date of Receipt

M M / D D / Y Y Y Y  
10 02 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. YUKARI WEBER**

Mailing Address 21 OAKLAND PARK BLVD

City State Zip Code  
PLEASANT RIDGE MI 48069-1110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161779**

Date of Receipt

M M / D D / Y Y Y Y  
10 22 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1750.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2641 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SOLOMAN AVI WECHSLER**

Mailing Address 11352 SW 132ND CT

City	State	Zip Code
MIAMI	FL	33186-7902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WECHSLER DEV. GROUP**

Occupation  
**CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169816**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD W. WEEKLEY**

Mailing Address 1111 N POST OAK RD

City	State	Zip Code
HOUSTON	TX	77055-7310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WEEKLEY PROPERTIES**

Occupation  
**DEVELOPER/SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.150456**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD W. WEEKLEY**

Mailing Address 1111 N POST OAK RD

City	State	Zip Code
HOUSTON	TX	77055-7310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WEEKLEY PROPERTIES**

Occupation  
**DEVELOPER/SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.150456B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2642 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD W. WEEKLEY**

Mailing Address 1111 N POST OAK RD

City	State	Zip Code
HOUSTON	TX	77055-7310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WEEKLEY PROPERTIES**

Occupation  
**DEVELOPER/SELF-EMPLOYED**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.170915**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**RAY WEHDE**

Mailing Address 73048 HELEN MOODY LN

City	State	Zip Code
PALM DESERT	CA	92260-5908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.166892**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RAY WEHDE**

Mailing Address 73048 HELEN MOODY LN

City	State	Zip Code
PALM DESERT	CA	92260-5908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.173126**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2643 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RAY WEHDE**

Mailing Address **73048 HELEN MOODY LN**

City

**PALM DESERT**

State

**CA**

Zip Code

**92260-5908**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**275.00**

**Transaction ID : SA17.181735**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HONGBIN WEI**

Mailing Address **1556 79TH PL NE**

City

**MEDINA**

State

**WA**

Zip Code

**98039-3130**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**APSTONE CAPITAL LLC**

Occupation

**INVESTMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.170417**

Date of Receipt

**11 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HONGBIN WEI**

Mailing Address **1556 79TH PL NE**

City

**MEDINA**

State

**WA**

Zip Code

**98039-3130**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**APSTONE CAPITAL LLC**

Occupation

**INVESTMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1100.00**

**Transaction ID : SA17.178313**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2644 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NICHOLAS WEIDENKOPF**

Mailing Address 528 TIFFANY TRL

City

RICHARDSON

State

TX

Zip Code

75081-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1725.00

**Transaction ID : SA17.162744**

Date of Receipt

**10 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NICHOLAS WEIDENKOPF**

Mailing Address 528 TIFFANY TRL

City

RICHARDSON

State

TX

Zip Code

75081-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1725.00

**Transaction ID : SA17.165237**

Date of Receipt

**10 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICHOLAS WEIDENKOPF**

Mailing Address 528 TIFFANY TRL

City

RICHARDSON

State

TX

Zip Code

75081-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1725.00

**Transaction ID : SA17.169347**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2645 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NICHOLAS WEIDENKOPF**

Mailing Address 528 TIFFANY TRL

City

RICHARDSON

State

TX

Zip Code

75081-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1725.00

**Transaction ID : SA17.172771**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**NICHOLAS WEIDENKOPF**

Mailing Address 528 TIFFANY TRL

City

RICHARDSON

State

TX

Zip Code

75081-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1725.00

**Transaction ID : SA17.176504**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NICHOLAS WEIDENKOPF**

Mailing Address 528 TIFFANY TRL

City

RICHARDSON

State

TX

Zip Code

75081-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1725.00

**Transaction ID : SA17.177346**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2646 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NICHOLAS WEIDENKOPF**

Mailing Address 528 TIFFANY TRL

City

RICHARDSON

State

TX

Zip Code

75081-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1725.00

**Transaction ID : SA17.180122**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. BETTY JANE WEIMER**

Mailing Address 16600 WARREN CT  
APT 305

City

CHAGRIN FALLS

State

OH

Zip Code

44023-1174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174086**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN R. WEINBERGER**

Mailing Address 301 E 66TH ST

City

NEW YORK

State

NY

Zip Code

10065-6205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AUTO ALLIANCE

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163241**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2647 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JONATHAN R. WEINBERGER**

Mailing Address 301 E 66TH ST

City  
NEW YORK

State Zip Code  
NY 10065-6205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTO ALLIANCE

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171361**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MARK A. WEINBERGER**

Mailing Address 9819 POTOMAC MANORS DR

City  
POTOMAC

State Zip Code  
MD 20854-4924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ERNST & YOUNG

Occupation  
GLOBAL CHAIRMAN & CEO ELECT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164374**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. NANCY L. WEINBERGER**

Mailing Address 9819 POTOMAC MANORS DR

City  
POTOMAC

State Zip Code  
MD 20854-4924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164393**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2648 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHILIP WEINBERG**

Mailing Address 136 FISHER RD

City  
JENKINTOWN

State Zip Code  
PA 19046-3810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COMCAST SPECTACOR, L.P.

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.165753**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address 336 CENTRAL PARK W  
APT 6B

City  
NEW YORK

State Zip Code  
NY 10025-7110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FREEDOM MORTGAGE COMMERCIAL  
DIVISION

Occupation  
ASSOCIATE - COMMERCIAL REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

695.00

**Transaction ID : SA17.156662**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address 336 CENTRAL PARK W  
APT 6B

City  
NEW YORK

State Zip Code  
NY 10025-7110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FREEDOM MORTGAGE COMMERCIAL  
DIVISION

Occupation  
ASSOCIATE - COMMERCIAL REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

695.00

**Transaction ID : SA17.159381**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1660.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2649 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **FREEDOM MORTGAGE COMMERCIAL DIVISION** Occupation **ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.162540**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **FREEDOM MORTGAGE COMMERCIAL DIVISION** Occupation **ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.163988**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **FREEDOM MORTGAGE COMMERCIAL DIVISION** Occupation **ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.165900**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**55.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2650 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **FREEDOM MORTGAGE COMMERCIAL DIVISION** Occupation **ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.169002**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **FREEDOM MORTGAGE COMMERCIAL DIVISION** Occupation **ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.170304**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **FREEDOM MORTGAGE COMMERCIAL DIVISION** Occupation **ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.172198**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2651 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **FREEDOM MORTGAGE COMMERCIAL DIVISION** Occupation **ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.173772**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **FREEDOM MORTGAGE COMMERCIAL DIVISION** Occupation **ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.174655**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer **FREEDOM MORTGAGE COMMERCIAL DIVISION** Occupation **ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.176413**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**55.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2652 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**FREEDOM MORTGAGE COMMERCIAL DIVISION**

Occupation

**ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.176951**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SARAH WEINBERGER**

Mailing Address **336 CENTRAL PARK W**  
**APT 6B**

City **NEW YORK** State **NY** Zip Code **10025-7110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**FREEDOM MORTGAGE COMMERCIAL  
DIVISION**

Occupation

**ASSOCIATE - COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**695.00**

**Transaction ID : SA17.179053**

Date of Receipt

**12 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JARED WEINSTEIN**

Mailing Address **61 JANE ST**

City **NEW YORK** State **NY** Zip Code **10014-5107**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THRIVE CAPITAL**

Occupation

**FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.180788**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2775.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2653 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARC A. WEISER**

Mailing Address 530 HILLSPUR RD

City	State	Zip Code
ANN ARBOR	MI	48105-1002

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RPM VENTURES

Occupation  
MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160080**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MARY H. WEISER**

Mailing Address 530 HILLSPUR RD

City	State	Zip Code
ANN ARBOR	MI	48105-1002

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160071**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GARY WEISMAN**

Mailing Address 2 TOWNE SQ

City	State	Zip Code
SOUTHFIELD	MI	48076-3769

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GENERAL DEVELOPMENT COMPANY

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162208**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2654 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HAROLD WEISS**

Mailing Address 8072 VALHALLA DR

City

DELRAY BEACH

State

FL

Zip Code

33446-9513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.166902**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT G. WEISS**

Mailing Address 16523 ON PAR BLVD

City

FORT MYERS

State

FL

Zip Code

33908-2879

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.158347**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT G. WEISS**

Mailing Address 16523 ON PAR BLVD

City

FORT MYERS

State

FL

Zip Code

33908-2879

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.170584**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2655 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SCOTT WELCH**

Mailing Address 23510 GREENLEAF BLVD

City	State	Zip Code
ELKHART	IN	46514-4404

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**WELCH PKG GROUP**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.163010**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID WELD**

Mailing Address 3906 JOCELYN ST NW

City	State	Zip Code
WASHINGTON	DC	20015-1906

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MILLENNIUM CHALLENGE CORPORATION**

Occupation  
**INT'L DEVELOPMENT PROFESSIONAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.157032**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM F. WELD**

Mailing Address 151 GREEN ST

City	State	Zip Code
CANTON	MA	02021-1032

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.162926**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2656 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PAUL F. WELDAY**

Mailing Address 26725 HOLLY HILL DR

City	State	Zip Code
FARMINGTON HILLS	MI	48334-4526

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RENAISSANCE STRATEGIES**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159497**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GLENN WELLING**

Mailing Address 1735 PORT ABBEY PL

City	State	Zip Code
NEWPORT BEACH	CA	92660-5309

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ENGAGED CAPITAL**

Occupation  
**MONEY MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162875**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. LAURI WELLING**

Mailing Address 1735 PORT ABBEY PL

City	State	Zip Code
NEWPORT BEACH	CA	92660-5309

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162874**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2657 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ESTEENA K. WELLS**

Mailing Address 92 HILLCREST WAY

City	State	Zip Code
DEFUNIAK SPRINGS	FL	32435-3678

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.173115**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MIACHEL WELLS**

Mailing Address 8750 COUNTRY ROAD

City	State	Zip Code
INDIANAPOLIS	IN	46260-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
REI REAL ESTATE

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160908**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MARK J. WELSHIMER**

Mailing Address 24 SUNNYBROOK RD

City	State	Zip Code
BRONXVILLE	NY	10708-5719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SULLIVAN & CROMWELL LLP

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157670**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2658 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROSANNE WELSHIMER**

Mailing Address **34 SUNNYBROOK RD**

City	State	Zip Code
BRONXVILLE	NY	10708-5719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157063**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JOELLE B. WELTZIN**

Mailing Address **3400 GREAT BEAR LN**

City	State	Zip Code
RALEIGH	NC	27614-8372

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BB&T**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166364**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN G. WENZEL**

Mailing Address **PO BOX 285**

City	State	Zip Code
LITTLE FALLS	MN	56345-0285

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CENTRAL LAKES COLLEGE**

Occupation  
**PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1300.00**

**Transaction ID : SA17.173530**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2659 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ANTHONY WERNER**

Mailing Address **140 BAINBRIDGE ST**

City

**PHILADELPHIA**

State

**PA**

Zip Code

**19147-2402**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMCAST**

Occupation  
**CTO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

**Transaction ID : SA17.165754**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DANIEL B. WERNER**

Mailing Address **2465 WENDRICK CT**

City

**WEST BLOOMFIELD**

State

**MI**

Zip Code

**48323-3664**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3300.00**

**Transaction ID : SA17.159101**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL B. WERNER**

Mailing Address **2465 WENDRICK CT**

City

**WEST BLOOMFIELD**

State

**MI**

Zip Code

**48323-3664**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3300.00**

**Transaction ID : SA17.162978**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

**7500.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2660 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DANIEL B. WERNER**

Mailing Address **2465 WENDRICK CT**

City	State	Zip Code
WEST BLOOMFIELD	MI	48323-3664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3300.00**

**Transaction ID : SA17.162978B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REATTRIBUTION TO SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**MR. DANIEL B. WERNER**

Mailing Address **2465 WENDRICK CT**

City	State	Zip Code
WEST BLOOMFIELD	MI	48323-3664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3300.00**

**Transaction ID : SA17.166173B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**-600.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**MR. DANIEL B. WERNER**

Mailing Address **2465 WENDRICK CT**

City	State	Zip Code
WEST BLOOMFIELD	MI	48323-3664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE SALES**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3300.00**

**Transaction ID : SA17.174103**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**600.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

**0.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2661 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHERYL WERNER**

Mailing Address **2465 WENDRICK CT**

City	State	Zip Code
WEST BLOOMFIELD	MI	48323-3664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.166172**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REATTRIBUTION FROM SPOUSE**

**B. Full Name (Last, First, Middle Initial)**

**RANDY WERTHEIMER**

Mailing Address **27130 WELLINGTON RD**

City	State	Zip Code
FRANKLIN	MI	48025-1362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HUNTER PASTEUR HOMES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.159349**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOSEPH WESLEY**

Mailing Address **645 PINEVILLE RD**

City	State	Zip Code
NEWTOWN	PA	18940-3010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.163297**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2662 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CLIFF M. WEST JR.**

Mailing Address 8606 LA FONTE ST

City  
HOUSTON

State  
TX

Zip Code  
77024-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CUB ENERGY, INC.

Occupation  
GEOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162583**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MR. CLIFF M. WEST JR.**

Mailing Address 8606 LA FONTE ST

City  
HOUSTON

State  
TX

Zip Code  
77024-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CUB ENERGY, INC.

Occupation  
GEOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162583B**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**LINDA WEST**

Mailing Address 8606 LA FONTE ST

City  
HOUSTON

State  
TX

Zip Code  
77024-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174452**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2663 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID W. WEST**

Mailing Address **242 STANWICH RD**

City <b>GREENWICH</b>	State <b>CT</b>	Zip Code <b>06830-3529</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CIVICOM, INC.**

Occupation  
**FOUNDER/CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.177439**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRANCES M. WEST**

Mailing Address **911 DARLEY RD**

City <b>WILMINGTON</b>	State <b>DE</b>	Zip Code <b>19810-2907</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.168196**

Date of Receipt

**11 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL WEST**

Mailing Address **200 WESCHASE ROW SE**

City <b>HUNTSVILLE</b>	State <b>AL</b>	Zip Code <b>35801-2021</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**GENERAL CONTRACTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.160085**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2664 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RANDY WEST**

Mailing Address 305 PLANTATION DR

City

MANDEVILLE

State

LA

Zip Code

70471-1501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

DRIVEN FLEET SOLUTIONS

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.176861**

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. REBECCA WEST**

Mailing Address 242 STANWICH RD

City

GREENWICH

State

CT

Zip Code

06830-3529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CIVICOM, INC.

Occupation

GLOBAL VP, MARKET RESEARCH

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.177426**

Date of Receipt

MM / DD / YYYY  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. TERRY ALLEN WEST**

Mailing Address 1645 CENTERVILLE PARKE LN

City

MANAKIN SABOT

State

VA

Zip Code

23103-2219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PERFORMANCE FOOD GROUP, INC

Occupation

CIO

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.161144**

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2665 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD L. WESTERLUND**

Mailing Address 9841 N SEDONA CIR

City	State	Zip Code
FRESNO	CA	93720-5408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CALPINE CONTAINERS

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161183**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ANNE WESTMAN**

Mailing Address 755 FREELING DR

City	State	Zip Code
SARASOTA	FL	34242-1022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SRQ LOCATIONS

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170712**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JAMES WESTMAN**

Mailing Address 755 FREELING DR

City	State	Zip Code
SARASOTA	FL	34242-1022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OCTEX, LLC

Occupation  
CEO/OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170713**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3000.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2666 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GLENN WESTRICK**

Mailing Address 55 NOTTINGHAM RDG

City	State	Zip Code
AVON	CT	06001-2980

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRAVELERS**

Occupation  
**SVP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161174**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT I. WEXLER**

Mailing Address 121 WOODCLIFF AVENUE

City	State	Zip Code
WOODCLIFF	NJ	07675-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.174077**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. LESLIE H. WEXNER**

Mailing Address 3 LIMITED PKWY

City	State	Zip Code
COLUMBUS	OH	43230-1467

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LIMITED BRANDS**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.173516**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2667 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PATSY C. WHEELER**

Mailing Address 1220 WATSON DIVIDE ROAD

City	State	Zip Code
SNOWMASS	CO	81654-9046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**WRITER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

**Transaction ID : SA17.169461**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1600.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS E. WHEELER II**

Mailing Address 5036 TURKEY FOOT RD

City	State	Zip Code
ZIONSVILLE	IN	46077-8736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FROST BROWN TODD**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17.161771**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SUSAN WHELCHER**

Mailing Address 1250 SABAL PALM DR

City	State	Zip Code
BOCA RATON	FL	33432-7516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.180124**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2668 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GILBERT WHITAKER JR.**

Mailing Address 7080 AL HIGHWAY 79 S

City	State	Zip Code
GUNTERSVILLE	AL	35976-5105

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.170856**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALAN B. WHITE**

Mailing Address 2323 VICTORY AVE  
STE 1400

City	State	Zip Code
DALLAS	TX	75219-7695

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PLAINS CAPITAL BANK

Occupation  
CHAIRMAN, PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177874**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CARLA KAY WHITEHEAD**

Mailing Address 305 SHADY HILL DR.

City	State	Zip Code
RICHARDSON	TX	75080-1943

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CKW COMMERCIAL LLC

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165348**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2669 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. CARLA KAY WHITEHEAD**

Mailing Address 305 SHADY HILL DR.

City	State	Zip Code
RICHARDSON	TX	75080-1943

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CKW COMMERCIAL LLC

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169427**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CATHY WHITE**

Mailing Address 1150 W BRADLEY RD

City	State	Zip Code
RIVER HILLS	WI	53217-2510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162309**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

5400.00

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CATHY WHITE**

Mailing Address 1150 W BRADLEY RD

City	State	Zip Code
RIVER HILLS	WI	53217-2510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162309B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

700.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2670 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CATHY WHITE**

Mailing Address 1150 W BRADLEY RD

City	State	Zip Code
RIVER HILLS	WI	53217-2510

FEC ID number of contributing federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162314**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MRS. CECILE WHITE**

Mailing Address 6112 CARLYLE DR

City	State	Zip Code
RALEIGH	NC	27614-8946

FEC ID number of contributing federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.162890**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DERWIN R. WHITE**

Mailing Address 4116 N HIGHWAY 231

City	State	Zip Code
PANAMA CITY	FL	32404-9235

FEC ID number of contributing federal political committee.

**C**

Name of Employer

GAC CONTRACTORS

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.173529**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2671 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HAROLD WHITE**

Mailing Address 11 NASSAU DR

City

METAIRIE

State

LA

Zip Code

70005-4433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163343**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

27

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JACQUELINE WHITESIDE**

Mailing Address 1937 STONEBROOK DR

City

KNOXVILLE

State

TN

Zip Code

37923-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GLOBAL PROPERTY MANAGEMENT

Occupation

OWNER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169401**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2015

19

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00



Memo Item

**CHARGED BACK**

**C. Full Name (Last, First, Middle Initial)**

**MRS. JEANNE L. WHITEMORE**

Mailing Address 40 LOUELLA CT

APT A2

City

WAYNE

State

PA

Zip Code

19087-3551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170643**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

24

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2672 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KATHLEEN V. WHITE**

Mailing Address 11 NASSAU DR

City

METAIRIE

State

LA

Zip Code

70005-4433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163342**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. LEE ANN WHITE**

Mailing Address 2323 VICTORY AVE  
STE. 1400

City

DALLAS

State

TX

Zip Code

75219-7695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLAINSCAPITAL CORPORATION

Occupation

SENIOR VP PUBLIC RELATIONS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177873**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. MARTHA J. WHITE**

Mailing Address 334 W MEADOW DR

City

MECHANICSBURG

State

PA

Zip Code

17055-5153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.170099**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7900.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2673 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL WHITE**

Mailing Address **251 RAFAEL BLVD NE**

City <b>SAINT PETERSBURG</b>	State <b>FL</b>	Zip Code <b>33704-3825</b>
---------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RAYMOND JAMES**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**900.00**

**Transaction ID : SA17.165517**

Date of Receipt

M M / D D / Y Y Y Y
<b>11 / 02 / 2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. MICHELE WHITE**

Mailing Address **101 LYNBROOK AVE**

City <b>POINT LOOKOUT</b>	State <b>NY</b>	Zip Code <b>11569-3020</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160706**

Date of Receipt

M M / D D / Y Y Y Y
<b>10 / 20 / 2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL H. WHITE**

Mailing Address **1150 W BRADLEY RD**

City <b>RIVER HILLS</b>	State <b>WI</b>	Zip Code <b>53217-2510</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RITE-HITE HOLDING CORPORATION**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.151456**

Date of Receipt

M M / D D / Y Y Y Y
<b>09 / 26 / 2015</b>

**CONTRIBUTION**

Amount of Each Receipt this Period

**10800.00**

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2674 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CATHY WHITE**

Mailing Address 1150 W BRADLEY RD

City	State	Zip Code
RIVER HILLS	WI	53217-2510

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.B162309**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL H. WHITE**

Mailing Address 1150 W BRADLEY RD

City	State	Zip Code
RIVER HILLS	WI	53217-2510

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

RITE-HITE HOLDING CORPORATION

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162310B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

**C. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL H. WHITE**

Mailing Address 1150 W BRADLEY RD

City	State	Zip Code
RIVER HILLS	WI	53217-2510

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

RITE-HITE HOLDING CORPORATION

CHAIRMAN

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.162312**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2675 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL H. WHITE**

Mailing Address 1150 W BRADLEY RD

City	State	Zip Code
RIVER HILLS	WI	53217-2510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RITE-HITE HOLDING CORPORATION

Occupation  
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.B162310**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-5400.00

☒ Memo Item  
REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MR. PETER WHITE**

Mailing Address 101 LYNBROOK AVE

City	State	Zip Code
POINT LOOKOUT	NY	11569-3020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.L.A. PIPER LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160726**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT WHITE**

Mailing Address 6112 CARLYLE DR

City	State	Zip Code
RALEIGH	NC	27614-8946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.162899**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2676 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. THOMAS A. WHITE**

Mailing Address 7544 LA JOLLA BLVD

City	State	Zip Code
LA JOLLA	CA	92037-4718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.157560**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS A. WHITE**

Mailing Address 7544 LA JOLLA BLVD

City	State	Zip Code
LA JOLLA	CA	92037-4718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.173504**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HON. JOE DALLY WHITLEY**

Mailing Address 1250 BIRMINGHAM RD

City	State	Zip Code
ALPHARETTA	GA	30004-2690

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BAKER DONELSON BEARMAN CALDWELL

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170630**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2677 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HON. JOE DALLY WHITLEY**

Mailing Address 1250 BIRMINGHAM RD

City	State	Zip Code
ALPHARETTA	GA	30004-2690

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BAKER DONELSON BEARMAN CALDWELL**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.180427**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM C. WHITMORE**

Mailing Address 229 W 36TH ST  
FL 11

City	State	Zip Code
NEW YORK	NY	10018-8925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ALLIED BARTON SECURITY SYSTEMS**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165443**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. MATTHEW JAMES WICKESBERG**

Mailing Address 3180 MATHIESON DR NE  
UNIT 611

City	State	Zip Code
ATLANTA	GA	30305-1866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOOTERS OF AMERICA**

Occupation  
**CHIEF FINANCIAL OFFICER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173246**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2678 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN H. WIEBE**

Mailing Address 2252 ODELL ST

City BLAINE	State WA	Zip Code 98230-9754
----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.160542**

Date of Receipt

**10 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN H. WIEBE**

Mailing Address 2252 ODELL ST

City BLAINE	State WA	Zip Code 98230-9754
----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.167553**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**EMILIE WIERDA**

Mailing Address 235 CENTRAL AVE

City HOLLAND	State MI	Zip Code 49423-3128
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EAGLE COMPANIES

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.163871**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2679 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**GAYLE WIESENECK**

Mailing Address **23 BLOOMFIELD WAY**

City	State	Zip Code
WEST ORANGE	NJ	07052-4918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175216**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. BARBARA F. WIGGINS**

Mailing Address **3535 N HALL ST**  
**APT 506**

City	State	Zip Code
DALLAS	TX	75219-5499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.167997**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KENNETH R. WIGGINS**

Mailing Address **10 VENETIAN WAY**  
**APT 301**

City	State	Zip Code
MIAMI BEACH	FL	33139-8831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AKERMAN,LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.157646**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2680 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CLAYTON WIGLEY**

Mailing Address **5328 ANNABEL LN**  
**STE 510**

City **PLANO** State **TX** Zip Code **75093-3427**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NTRG**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.159413**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CLAYTON WIGLEY**

Mailing Address **5328 ANNABEL LN**  
**STE 510**

City **PLANO** State **TX** Zip Code **75093-3427**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NTRG**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.168398**

Date of Receipt

**11 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CLAYTON WIGLEY**

Mailing Address **5328 ANNABEL LN**  
**STE 510**

City **PLANO** State **TX** Zip Code **75093-3427**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NTRG**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.176524**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2681 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ERNEST WIKEL**

Mailing Address **9165 PLUMGROVE WAY**

City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95826-5043</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.175754**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JUDITH F. WILBUR**

Mailing Address **821 IRWIN DR**

City <b>HILLSBOROUGH</b>	State <b>CA</b>	Zip Code <b>94010-6327</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.162915**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BRUCE WILCOX**

Mailing Address **128 E 87TH ST**  
**APT 18D**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10128-1101</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.174651**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2750.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2682 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. ELIZABETH L. WILCOX**

Mailing Address 9726 ROCKBROOK DR

City	State	Zip Code
DALLAS	TX	75220-2039

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SOUTHWEST INSTITUTE OF FORENSICS**

Occupation  
**CHIEF OF FORENSIC CHEMISTRY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164629**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. JULIE WILCOX**

Mailing Address 30 SUTTON PL

City	State	Zip Code
NEW YORK	NY	10022-2382

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JULIE WILCOX WELLNESS**

Occupation  
**WELLNESS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.178160**

Date of Receipt

**12 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM H. WILCOX**

Mailing Address 9726 ROCKBROOK DR

City	State	Zip Code
DALLAS	TX	75220-2039

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNITED SURGICAL PARTNERS  
INTERNATIONAL**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.164630**

Date of Receipt

**10 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2683 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELIZABETH WILD**

Mailing Address 5102 CARNEGIE ST

City

PITTSBURGH

State

PA

Zip Code

15201-2534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CANCER TREATMENT SERVICES INTL

Occupation

HEALTHCARE EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165907**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALAN J. WILENSKY**

Mailing Address 2093 SHERWOOD LN

City

MINNETONKA

State

MN

Zip Code

55305-2414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173539**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SHIRLEY BENNETT WILKES**

Mailing Address 3209 TROGDAN DR

City

FAYETTEVILLE

State

NC

Zip Code

28306-8335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.165630**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2684 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**MS. SHIRLEY BENNETT WILKES**

Mailing Address 3209 TROGDAN DR

City	State	Zip Code
FAYETTEVILLE	NC	28306-8335

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.174476**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**CAL WILKINS**

Mailing Address 230 HIGHWAY 51 S

City	State	Zip Code
HERNANDO	MS	38632-8136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TASCO

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165729**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**HON. DAVID H. WILKINS**

Mailing Address 31 SIRRINE DR

City	State	Zip Code
GREENVILLE	SC	29605-1136

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
NELSON, MULLINS, RILEY &  
SCARBROUGH

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178983**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2685 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JILL P. WILKINSON**

Mailing Address **690 KIMBERLY ST**  
**SUITE 203**

City **BIRMINGHAM** State **MI** Zip Code **48009-1117**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILKINSON EYE CENTER**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2870.00**

**Transaction ID : SA17.160943**

Date of Receipt

**10** / **19** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JILL P. WILKINSON**

Mailing Address **690 KIMBERLY ST**  
**SUITE 203**

City **BIRMINGHAM** State **MI** Zip Code **48009-1117**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILKINSON EYE CENTER**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2870.00**

**Transaction ID : SA17.160943B**

Date of Receipt

**12** / **08** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-170.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C. Full Name (Last, First, Middle Initial)**

**JILL P. WILKINSON**

Mailing Address **690 KIMBERLY ST**  
**SUITE 203**

City **BIRMINGHAM** State **MI** Zip Code **48009-1117**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILKINSON EYE CENTER**

Occupation  
**ACCOUNTANT**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2870.00**

**Transaction ID : SA17.175937**

Date of Receipt

**12** / **08** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**170.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**.....

**2700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2686 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JIM WILKINSON**

Mailing Address 190 STEWART DR

City

TIBURON

State

CA

Zip Code

94920-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALIBABA GROUP

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159039**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LINDA WILKINS**

Mailing Address 230 HIGHWAY 51 S

City

HERNANDO

State

MS

Zip Code

38632-8136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TASCO

Occupation

ADMIN

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.165728**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. RACHEL WILKINSON**

Mailing Address 10156 TREE BARK ST

City

LAS VEGAS

State

NV

Zip Code

89183-4246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE ROGICH COMMUNICATION GROUP

Occupation

DIRECTOR OF COMMUNICATIONS

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177126**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2687 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. TERRY WILKINSON**

Mailing Address 25 SADDLE CLUB DR

City

MIDLAND

State

TX

Zip Code

79705-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTMENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.168328**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. HOWARD A. WILL JR.**

Mailing Address N9242 S SHORE DR

City

EAST TROY

State

WI

Zip Code

53120-2178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.158362**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00



Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH L. WILLAERT**

Mailing Address 21115 594TH AVE

City

MANKATO

State

MN

Zip Code

56001-8538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.161541**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00



Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2688 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. PAMELA S. WILLAERT**

Mailing Address 21115 594TH AVE

City	State	Zip Code
MANKATO	MN	56001-8538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.172406**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HARRY WILLETT**

Mailing Address 1105 CHILES AVE

City	State	Zip Code
SAINT HELENA	CA	94574-9516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.163436**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HARRY WILLETT**

Mailing Address 1105 CHILES AVE

City	State	Zip Code
SAINT HELENA	CA	94574-9516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.172448**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

325.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2689 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**HARRY WILLETT**

Mailing Address 1105 CHILES AVE

City

SAINT HELENA

State

CA

Zip Code

94574-9516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.177147**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**HARRY WILLETT**

Mailing Address 1105 CHILES AVE

City

SAINT HELENA

State

CA

Zip Code

94574-9516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.180129**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CAROL WILLIAMS**

Mailing Address 7242 NESHOBA CIR

City

GERMANTOWN

State

TN

Zip Code

38138-3749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.162346**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

375.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2690 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. CHARLES L. WILLIAMS**

Mailing Address 2501 ASHBOURNE CT

City

VALPARAISO

State

IN

Zip Code

46385-8187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CL WILLIAMS & COMPANY

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159234**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CORRINE WILLIAMS**

Mailing Address 663 W HOBBIE ST

City

CHICAGO

State

IL

Zip Code

60610-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

**Transaction ID : SA17.167253**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CORRINE WILLIAMS**

Mailing Address 663 W HOBBIE ST

City

CHICAGO

State

IL

Zip Code

60610-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

**Transaction ID : SA17.172151**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2691 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CORRINE WILLIAMS**

Mailing Address **663 W HOBBIE ST**

City

**CHICAGO**

State

**IL**

Zip Code

**60610-2433**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**240.00**

**Transaction ID : SA17.179725**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DAVID WILLIAMS**

Mailing Address **5014 WOODHURST LN**

City

**MINNETONKA**

State

**MN**

Zip Code

**55345-4644**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**VITREORETINAL SURGERY, PA**

Occupation

**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.181524**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. DEBRA L. WILLIAMS**

Mailing Address **1501 E 2ND AVE**

City

**TAMPA**

State

**FL**

Zip Code

**33605-5005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**KIMMINS CONTRACTING CORP**

Occupation

**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.156384**

Date of Receipt

**10 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1525.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2692 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. DEBRA L. WILLIAMS**

Mailing Address 1501 E 2ND AVE

City	State	Zip Code
TAMPA	FL	33605-5005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KIMMINS CONTRACTING CORP**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158564**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DERREST M. WILLIAMS JR.**

Mailing Address 719 S SHORELINE BLVD  
STE 302

City	State	Zip Code
CORPUS CHRISTI	TX	78401-3548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.172382**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. E. ROGER WILLIAMS**

Mailing Address 114 FERRIS HILL RD

City	State	Zip Code
NEW CANAAN	CT	06840-3824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PRODUCER/TV**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161218**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1700.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2693 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. E. ROGER WILLIAMS**

Mailing Address 114 FERRIS HILL RD

City NEW CANAAN	State CT	Zip Code 06840-3824
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PRODUCER/TV

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170547**

Date of Receipt

M M / D D / Y Y Y Y
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GARY B. WILLIAMS**

Mailing Address 8711 BURDETTE RD

City BETHESDA	State MD	Zip Code 20817-2804
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UNIVERSITY OF MARYLAND

Occupation  
EX. COACH

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158262**

Date of Receipt

M M / D D / Y Y Y Y
10 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ISAAC WILLIAM**

Mailing Address 444 GREENWOOD DR  
APT STE

City SANTA CLARA	State CA	Zip Code 95054-2135
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ORACLE USA INC.

Occupation  
SR. SOFTWARE APPLICATIONS ARCHIT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

**Transaction ID : SA17.166830**

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2525.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2694 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ISAAC WILLIAM**

Mailing Address **444 GREENWOOD DR**  
**APT STE**

City	State	Zip Code
<b>SANTA CLARA</b>	<b>CA</b>	<b>95054-2135</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ORACLE USA INC.**

Occupation  
**SR. SOFTWARE APPLICATIONS ARCHIT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**235.00**

**Transaction ID : SA17.181784**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**60.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES ALAN WILLIAMS**

Mailing Address **223 LAMONT AVE**

City	State	Zip Code
<b>SAN ANTONIO</b>	<b>TX</b>	<b>78209-3753</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175030**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES BOWMAN WILLIAMS**

Mailing Address **536 CASTANO AVE**

City	State	Zip Code
<b>SAN ANTONIO</b>	<b>TX</b>	<b>78209-3615</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175031**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3760.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2695 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOHN WILLIAMSON**

Mailing Address 360 N SPRING MILL RD

City	State	Zip Code
VILLANOVA	PA	19085-1737

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMCAST NBCUNIVERSAL

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.168319**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN WILLIAMS**

Mailing Address 31 ORBEN PL

City	State	Zip Code
SAN FRANCISCO	CA	94115-2710

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UBS

Occupation  
VICE CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175404**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JOHN JOSEPH WILLIAMS**

Mailing Address 504 BRAMBLEWOOD DR

City	State	Zip Code
NASHVILLE	TN	37220-1216

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ACLJ

Occupation  
ASSOCIATE COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

406.50

**Transaction ID : SA17.172861**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

117.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4317.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2696 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH M. WILLIAMS**

Mailing Address 7242 NESHOBIA CIR

City	State	Zip Code
GERMANTOWN	TN	38138-3749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILLIAMS LAW FIRM**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.162345**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH M. WILLIAMS**

Mailing Address 7242 NESHOBIA CIR

City	State	Zip Code
GERMANTOWN	TN	38138-3749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILLIAMS LAW FIRM**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.164098**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. KEN L. WILLIAMS**

Mailing Address 5046 TENNESSEE CAPITAL BLVD

City	State	Zip Code
TALLAHASSEE	FL	32303-7812

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILLIAMS COMMUNICATIONS, INC**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3400.00

**Transaction ID : SA17.173494**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2697 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARY J. WILLIAMS**

Mailing Address **157 GRANDVIEW LN**

City

**MAHWAH**

State

**NJ**

Zip Code

**07430-2057**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.179298**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY LIBBY WILLIS**

Mailing Address **531 US HIGHWAY 90 W**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32234-1721**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.166852**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARY LIBBY WILLIS**

Mailing Address **531 US HIGHWAY 90 W**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32234-1721**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.173872**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1100.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2698 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARY LIBBY WILLIS**

Mailing Address 531 US HIGHWAY 90 W

City	State	Zip Code
JACKSONVILLE	FL	32234-1721

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.178255**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RANDI C. WILLIAMS**

Mailing Address 451 LAKE PARK DR

City	State	Zip Code
BIRMINGHAM	MI	48009-4603

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
GRAPHIC DESIGNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161785**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RHYS L. WILLIAMS**

Mailing Address 16129 BRISTOL POINTE DR

City	State	Zip Code
DELRAY BEACH	FL	33446-2357

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TEQUESTA VENTURES, INC.

Occupation  
INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157648**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2050.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2699 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RYAN WILLIAMS**

Mailing Address **770 P ST NW**  
**APT 927**

City **WASHINGTON** State **DC** Zip Code **20001-3375**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FP1 STRATEGIES**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.162185**

Date of Receipt

**10 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RYAN WILLIAMS**

Mailing Address **770 P ST NW**  
**APT 927**

City **WASHINGTON** State **DC** Zip Code **20001-3375**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FP1 STRATEGIES**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.173591**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS WILLIAMS**

Mailing Address **9850 LAKE LOUISE DR**

City **WINDERMERE** State **FL** Zip Code **34786-8905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NBCUNIVERSAL**

Occupation  
**RESORT MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.177169**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2700 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. TREY WILLIS**

Mailing Address 201 NE 7TH ST

City

BENTONVILLE

State

AR

Zip Code

72712-4828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WILLIS AVIATION ENTERPRISES

Occupation

PILOT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.156842**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER WILLISCHER**

Mailing Address 215 SACKETT ST

City

BROOKLYN

State

NY

Zip Code

11231-3621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SULLIVAN & CROMWELL LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157065**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. KATHERINE S. WILLSON**

Mailing Address 6720 SOMERBY LN

City

MOBILE

State

AL

Zip Code

36695-3486

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.175670**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2701 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. AMBER N. WILSON**

Mailing Address 11810 NE 72ND BLVD

City

THE VILLAGES

State

FL

Zip Code

32162-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172959**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. BECKY WILSON**

Mailing Address 5863 GARDEN RIVER CV

City

MEMPHIS

State

TN

Zip Code

38120-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166605**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. CAROLYN C. WILSON**

Mailing Address 107 S KENSINGTON DR

City

PRINCETON

State

IN

Zip Code

47670-9416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.158785**

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3725.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2702 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER WILSON**

Mailing Address 32 SEDGWICK DR

City	State	Zip Code
CHERRY HILLS VILLAGE	CO	80113-4110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RANDO HOLDINGS, LLC

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157606**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. CLIFFORD D. WILSON**

Mailing Address 1001 BERWICK CIR

City	State	Zip Code
LYNN HAVEN	FL	32444-4080

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PREBLE-RISH, INC.

Occupation  
CIVIL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169568**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. CLIFFORD D. WILSON**

Mailing Address 1001 BERWICK CIR

City	State	Zip Code
LYNN HAVEN	FL	32444-4080

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PREBLE-RISH, INC.

Occupation  
CIVIL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.173102**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2703 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DANIEL JUSTIN WILSON**

Mailing Address 11810 NE 72ND BLVD

City

THE VILLAGES

State

FL

Zip Code

32162-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE VILLAGES INC.

Occupation

MARKETING & SALES

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172998**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

DD / YYYY  
30 / 2015

YYYY  
2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JAMIE WILSON**

Mailing Address 1209 E CUMBERLAND AVE

City

TAMPA

State

FL

Zip Code

33602-4256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOFFITT CANCER CENTER

Occupation

VICE PRESIDENT

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.179263**

Date of Receipt

MM / DD / YYYY  
12 / 28 / 2015

DD / YYYY  
28 / 2015

YYYY  
2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JIM M. WILSON**

Mailing Address 1655 SCUFFLETOWN RD

City

FOUNTAIN INN

State

SC

Zip Code

29644-9464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172315**

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

DD / YYYY  
30 / 2015

YYYY  
2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2704 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KELLY WILSON**

Mailing Address 1250 OKFUSKI TRL

City	State	Zip Code
PIKE ROAD	AL	36064-3325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165436**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KIM WILSON**

Mailing Address 9350 S 150 E  
STE 1000

City	State	Zip Code
SANDY	UT	84070-2721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

**Transaction ID : SA17.170808**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

4600.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KIM WILSON**

Mailing Address 9350 S 150 E  
STE 1000

City	State	Zip Code
SANDY	UT	84070-2721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

**Transaction ID : SA17.170808B**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-1900.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2705 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KIM WILSON**

Mailing Address 9350 S 150 E  
STE 1000

City SANDY State UT Zip Code 84070-2721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

**Transaction ID : SA17.170813**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1900.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MS. LILLIAN WILSON**

Mailing Address 350 W 43RD ST  
APT 42A

City NEW YORK State NY Zip Code 10036-6479

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

FOX NEWS

PRODUCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174960**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. SARAH S. WILSON**

Mailing Address 12550 COUNTY ROAD 136

City CENTERVILLE State TX Zip Code 75833-2082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.169456**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2706 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SPENCE WILSON**

Mailing Address **5863 GARDEN RIVER CV**

City

**MEMPHIS**

State

**TN**

Zip Code

**38120-2501**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**KEMMONS WILSON**

Occupation

**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166638**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SUSAN WILSON**

Mailing Address **11A W SHADY LN**

City

**HOUSTON**

State

**TX**

Zip Code

**77063-1303**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.164134**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**SUSAN WILSON**

Mailing Address **11A W SHADY LN**

City

**HOUSTON**

State

**TX**

Zip Code

**77063-1303**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171622**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2707 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SUSAN WILSON**

Mailing Address 11A W SHADY LN

City

HOUSTON

State

TX

Zip Code

77063-1303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178849**

Date of Receipt

**12 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. SUSAN WESLEY WILSON**

Mailing Address 315 ROCK ST  
APT 1003

City

LITTLE ROCK

State

AR

Zip Code

72202-5526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

STEPHENS, INC.

Occupation

FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165435**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM B. WILSON**

Mailing Address 2660 EASTCHASE LN  
STE 100

City

MONTGOMERY

State

AL

Zip Code

36117-7024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JIM WILSON & ASSOCIATES, LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165437**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2708 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. WYNONA WILSON**

Mailing Address **2660 EASTCHASE LN**  
**STE 100**

City **MONTGOMERY** State **AL** Zip Code **36117-7024**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.165434**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DON WINDLE**

Mailing Address **3704 GRANADA TRL**

City **DENTON** State **TX** Zip Code **76205-5514**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.164132**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DON WINDLE**

Mailing Address **3704 GRANADA TRL**

City **DENTON** State **TX** Zip Code **76205-5514**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**850.00**

**Transaction ID : SA17.172776**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2900.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2709 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DON WINDLE**

Mailing Address 3704 GRANADA TRL

City	State	Zip Code
DENTON	TX	76205-5514

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.176516**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DON WINDLE**

Mailing Address 3704 GRANADA TRL

City	State	Zip Code
DENTON	TX	76205-5514

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

**Transaction ID : SA17.179675**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN R. WINN**

Mailing Address 1424 OX BOTTOM RD

City	State	Zip Code
TALLAHASSEE	FL	32312-3526

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WINN REALTY

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.175009**

Date of Receipt

**12 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2710 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES H. WINSTON**

Mailing Address 4825 ORTEGA BLVD

City	State	Zip Code
JACKSONVILLE	FL	32210-7637

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LPMC, INC.

Occupation  
PRIVATE INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175036**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. JEANNE B. WINSTON**

Mailing Address 4825 ORTEGA BLVD

City	State	Zip Code
JACKSONVILLE	FL	32210-7637

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175017**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JACOB WINTERSTEEN**

Mailing Address 1701 HERMANN DR  
UNIT 2402

City	State	Zip Code
HOUSTON	TX	77004-7365

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162822**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2711 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHERRILL WINTER**

Mailing Address 2571 LOWER CRABAPPLE ROAD

City	State	Zip Code
FREDERICKSBURG	TX	78624-6720

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.169457**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. W. ROCKWELL WIRTZ**

Mailing Address 680 N LAKE SHORE DR  
FL 19

City	State	Zip Code
CHICAGO	IL	60611-4548

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WIRTZ CORPORATION

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158227**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ANDREW WISDOM**

Mailing Address 1828 STATE ST

City	State	Zip Code
NEW ORLEANS	LA	70118-6220

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CRESCENT CAPITAL CONSULTING

Occupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.174267**

Date of Receipt

**12 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2712 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. HOWARD WISE**

Mailing Address 39 FAIRWAY DR

City	State	Zip Code
MOUNTAIN BRK	AL	35213-4210

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SAGIWAU PIPE

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.172316**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**SHIRLEY WISEMAN**

Mailing Address 1807 SAINT IVES CIR

City	State	Zip Code
LEXINGTON	KY	40502-7714

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
HOME BUILDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

301.00

**Transaction ID : SA17.162490**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARGARET WISNOSKI**

Mailing Address 154 KETTLES LN

City	State	Zip Code
MEDFORD	NY	11763-1558

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.157794**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2551.00

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.****A. Full Name (Last, First, Middle Initial)****MARGARET WISNOSKI**

Mailing Address 154 KETTLES LN

City

MEDFORD

State

NY

Zip Code

11763-1558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.165334**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item**B. Full Name (Last, First, Middle Initial)****MARGARET WISNOSKI**

Mailing Address 154 KETTLES LN

City

MEDFORD

State

NY

Zip Code

11763-1558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.173199**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item**C. Full Name (Last, First, Middle Initial)****AZMA WISSAM**

Mailing Address 7503 AMSTERDAM LN

City

ARLINGTON

State

TX

Zip Code

76002-3481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ENGINEER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.169406**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2714 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEBORAH WITCHEY**

Mailing Address 6921 PINE CREST AVE

City	State	Zip Code
MCLEAN	VA	22101-3526

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HEALTHCARE LEADERSHIP COUNCIL

Occupation  
EVP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.168338**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM L. WITCOFSKI**

Mailing Address 325A S 45TH ST

City	State	Zip Code
ROGERS	AR	72758-1632

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WILSHAR, INC.

Occupation  
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.156847**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**DR. MICHAEL D. WITT**

Mailing Address 1136 E MAIN ST

City	State	Zip Code
FLUSHING	MI	48433-2242

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
UNIVERSITY OF MICHIGAN- FLINT

Occupation  
BUSINESS, PROFESSOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166131**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2715 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM WITTER**

Mailing Address **2398 E. DURANGO DRIVE**

City	State	Zip Code
CASA GRANDE	AZ	85194-8378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**240.00**

**Transaction ID : SA17.156377**

Date of Receipt

**10 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM WITTER**

Mailing Address **2398 E. DURANGO DRIVE**

City	State	Zip Code
CASA GRANDE	AZ	85194-8378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**240.00**

**Transaction ID : SA17.165685**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM WITTER**

Mailing Address **2398 E. DURANGO DRIVE**

City	State	Zip Code
CASA GRANDE	AZ	85194-8378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**240.00**

**Transaction ID : SA17.168733**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**75.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2716 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**WILLIAM WITTER**

Mailing Address 2398 E. DURANGO DRIVE

City	State	Zip Code
CASA GRANDE	AZ	85194-8378

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

**Transaction ID : SA17.172444**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WILLIAM WITTER**

Mailing Address 2398 E. DURANGO DRIVE

City	State	Zip Code
CASA GRANDE	AZ	85194-8378

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

**Transaction ID : SA17.175121**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. CATHERINE WITTIG**

Mailing Address 18642 LANCASHIRE WAY

City	State	Zip Code
SAN DIEGO	CA	92128-1034

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

**Transaction ID : SA17.170248**

Date of Receipt

**11 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

55.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2717 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. CATHERINE WITTIG**

Mailing Address **18642 LANCASHIRE WAY**

City	State	Zip Code
<b>SAN DIEGO</b>	<b>CA</b>	<b>92128-1034</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**210.00**

**Transaction ID : SA17.178028**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT WITTKOWER**

Mailing Address **1702 WINDING HOLLOW DR**

City	State	Zip Code
<b>KATY</b>	<b>TX</b>	<b>77450-5129</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MGR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.157514**

Date of Receipt

**10 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT WITTKOWER**

Mailing Address **1702 WINDING HOLLOW DR**

City	State	Zip Code
<b>KATY</b>	<b>TX</b>	<b>77450-5129</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MGR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.165924**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**80.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2718 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT WITTKOWER**

Mailing Address 1702 WINDING HOLLOW DR

City	State	Zip Code
KATY	TX	77450-5129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.169373**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT WITTKOWER**

Mailing Address 1702 WINDING HOLLOW DR

City	State	Zip Code
KATY	TX	77450-5129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.172792**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT WITTKOWER**

Mailing Address 1702 WINDING HOLLOW DR

City	State	Zip Code
KATY	TX	77450-5129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.173788**

Date of Receipt

**12 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2719 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT WITTKOWER**

Mailing Address 1702 WINDING HOLLOW DR

City	State	Zip Code
KATY	TX	77450-5129

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.175859**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT WITTKOWER**

Mailing Address 1702 WINDING HOLLOW DR

City	State	Zip Code
KATY	TX	77450-5129

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.177358**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AMIE WOEBER**

Mailing Address 600 WATER ST SW  
UNIT 1-15

City	State	Zip Code
WASHINGTON	DC	20024-5401

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PAYPAL

Occupation  
LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.168033**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

325.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2720 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KEITH WOLD**

Mailing Address **140 RIVERSIDE DR**

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10024-2605**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158456**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CHARLIE WOLF**

Mailing Address **9101 POTOMAC STATION LN**

City  
**POTOMAC**

State  
**MD**

Zip Code  
**20854-3906**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PAYROLL NETWORK**

Occupation  
**BUSINESSMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.161483**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CHARLIE WOLF**

Mailing Address **9101 POTOMAC STATION LN**

City  
**POTOMAC**

State  
**MD**

Zip Code  
**20854-3906**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PAYROLL NETWORK**

Occupation  
**BUSINESSMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.170034**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2900.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2721 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHARLIE WOLF**

Mailing Address 9101 POTOMAC STATION LN

City	State	Zip Code
POTOMAC	MD	20854-3906

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PAYROLL NETWORK**

Occupation  
**BUSINESSMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.175983**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CLINTON E. WOLF**

Mailing Address 5168 CIELO DEL RIO PL

City	State	Zip Code
EL PASO	TX	79932-2241

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KEMP SMITH LLP**

Occupation  
**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177918**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. SHERRI E. WOLF**

Mailing Address 5168 CIELO DEL RIO PL

City	State	Zip Code
EL PASO	TX	79932-2241

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177888**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1100.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2722 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEORGE B. WOLFE**

Mailing Address 1500 BELMONT DR

City	State	Zip Code
COLUMBIA	SC	29205-1512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NELSON MULLINS**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.172983**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL WOLFE**

Mailing Address 13121 NW MILITARY HWY  
APT 121

City	State	Zip Code
SAN ANTONIO	TX	78231-1851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TRANSPORTATION**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.174217**

Date of Receipt

**12 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

55.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL WOLFE**

Mailing Address 13121 NW MILITARY HWY  
APT 121

City	State	Zip Code
SAN ANTONIO	TX	78231-1851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TRANSPORTATION**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.177023**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

55.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

360.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2723 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SEAN WOLFINGTON**

Mailing Address **990 BISCAYNE BLVD**  
**STE 1501**

City **MIAMI** State **FL** Zip Code **33132-1559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WOLFINGTON COMPANIES**

Occupation  
**ENTREPRENEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.177112**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**B. Full Name (Last, First, Middle Initial)**

**HON. PAUL D. WOLFOWITZ**

Mailing Address **400 BEACH DR NE**

City **SAINT PETERSBURG** State **FL** Zip Code **33701-3072**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SCHOLAR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3400.00**

**Transaction ID : SA17.158051**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**HON. PAUL D. WOLFOWITZ**

Mailing Address **400 BEACH DR NE**

City **SAINT PETERSBURG** State **FL** Zip Code **33701-3072**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SCHOLAR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3400.00**

**Transaction ID : SA17.178415**

Date of Receipt

**12 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**700.00**

☐ Memo Item

**REATTRIBUTION / REDESIGNATION REQUESTED**

**Subtotal Of Receipts This Page (optional)**.....

**6800.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2724 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. SANDRA D. WOMACK**

Mailing Address 8300 N TAYLOR RD  
TRLR B

City State Zip Code  
MCALLEN TX 78504-8802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TEXAS CITRUS DEV. CORP.

Occupation  
PROPERTY MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.178276**

Date of Receipt

M M / D D / Y Y Y Y  
12 23 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEORGE J. WOMMACK**

Mailing Address 314 ELIZABETH RD

City State Zip Code  
SAN ANTONIO TX 78209-5933

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PETRO WASTE ENVIRONMENTAL LP

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161712**

Date of Receipt

M M / D D / Y Y Y Y  
10 20 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. PABLO WONG**

Mailing Address 2267 37TH AVE

City State Zip Code  
SAN FRANCISCO CA 94116-1647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ENTREPRENEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158413**

Date of Receipt

M M / D D / Y Y Y Y  
10 12 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2725 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DOUGLAS WOOD**

Mailing Address 10503 WILLIAM TERRY DR

City	State	Zip Code
VIENNA	VA	22181-3038

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.159428**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JOHN WOOD**

Mailing Address 2416 N NELSON ST

City	State	Zip Code
ARLINGTON	VA	22207-5028

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HUGHES HUBBARD & REED**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.172814**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**PHYLLIS WOOD**

Mailing Address 6696 LEE DR

City	State	Zip Code
BARTLESVILLE	OK	74006-8051

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.161997**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2726 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PHYLLIS WOOD**

Mailing Address **6696 LEE DR**

City

**BARTLESVILLE**

State

**OK**

Zip Code

**74006-8051**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.177312**

Date of Receipt

**12 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**TURNER WOODARD**

Mailing Address **1060 N CAPITOL AVE  
STE C200**

City

**INDIANAPOLIS**

State

**IN**

Zip Code

**46204-1057**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**COMMERCIAL REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.157980**

Date of Receipt

**10 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELYSE WOODS**

Mailing Address **PO BOX 94**

City

**TEMECULA**

State

**CA**

Zip Code

**92593-0094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.159572**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**1150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2727 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELYSE WOODS**

Mailing Address **PO BOX 94**

City

**TEMECULA**

State

**CA**

Zip Code

**92593-0094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.159576**

Date of Receipt

**10 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELYSE WOODS**

Mailing Address **PO BOX 94**

City

**TEMECULA**

State

**CA**

Zip Code

**92593-0094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.161462**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELYSE WOODS**

Mailing Address **PO BOX 94**

City

**TEMECULA**

State

**CA**

Zip Code

**92593-0094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.165998**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2728 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ELYSE WOODS**

Mailing Address **PO BOX 94**

City

**TEMECULA**

State

**CA**

Zip Code

**92593-0094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.166428**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ELYSE WOODS**

Mailing Address **PO BOX 94**

City

**TEMECULA**

State

**CA**

Zip Code

**92593-0094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.171912**

Date of Receipt

**11 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELYSE WOODS**

Mailing Address **PO BOX 94**

City

**TEMECULA**

State

**CA**

Zip Code

**92593-0094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.173585**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2729 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOSEPH WOODS**

Mailing Address 3208 COLE AVENUE #2105

City	State	Zip Code
DALLAS	TX	75204-1149

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
FAIRFAX SERVICES LLC

Occupation  
CFP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

249.00

**Transaction ID : SA17.169439**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

249.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. KAY HARRIGAN WOODS**

Mailing Address 3570 JACKSON ST

City	State	Zip Code
SAN FRANCISCO	CA	94118-1808

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SCOTCH PLYWOOD COMPANY

Occupation  
CHAIRMAN OF THE BOARD

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162910**

Date of Receipt

**10 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. M. CABELL WOODWARD JR.**

Mailing Address 45 MANURSING WAY

City	State	Zip Code
RYE	NY	10580-4311

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.165412**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3449.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2730 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. WOODY**

Mailing Address 3737 NW 75TH ST

City	State	Zip Code
GAINESVILLE	FL	32606-5704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.154097**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. BERNADETTE WOODY**

Mailing Address 3737 NW 75TH ST

City	State	Zip Code
GAINESVILLE	FL	32606-5704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

**Transaction ID : SA17.B170921**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT L. WOODY**

Mailing Address 3737 NW 75TH ST

City	State	Zip Code
GAINESVILLE	FL	32606-5704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.B170922**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-100.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2731 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**DR. RICHARD E. WORKMAN**

Mailing Address 9800 WALZER CT

City	State	Zip Code
WINDERMERE	FL	34786-8907

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HEARTLAND DENTAL

Occupation  
DENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.149012**

Date of Receipt

**09 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DR. RICHARD E. WORKMAN**

Mailing Address 9800 WALZER CT

City	State	Zip Code
WINDERMERE	FL	34786-8907

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HEARTLAND DENTAL

Occupation  
DENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.149012B**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2300.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**DR. RICHARD E. WORKMAN**

Mailing Address 9800 WALZER CT

City	State	Zip Code
WINDERMERE	FL	34786-8907

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HEARTLAND DENTAL

Occupation  
DENTIST

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.170919**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2300.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2732 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NATHAN WORLEY**

Mailing Address **4901 N MESA ST**  
**APT 3302**

City **EL PASO** State **TX** Zip Code **79912-5937**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE HOSPITALS OF PROVIDENCE**

Occupation  
**DIRECTOR OF BUSINESS DEVELOPMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.175576**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. PAUL WOZNEY M.D.**

Mailing Address **1133 BAL HARBOR BLVD**  
**UNIT 1139-106**

City **PUNTA GORDA** State **FL** Zip Code **33950-6577**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MILLENNIUM PHYSICIAN GROUP**

Occupation  
**RADIOLOGIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.170964**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ANDREW P. WRIGHT**

Mailing Address **500 N WEST SHORE BLVD**  
**STE 750**

City **TAMPA** State **FL** Zip Code **33609-1985**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FRANKLIN STREET**

Occupation  
**CEO/MANAGING PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.158662**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3750.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2733 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BROOKS WRIGHT**

Mailing Address 16 HIGHLAND PK PL

City	State	Zip Code
RYE	NY	10580-1736

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARINE & INDUSTRIAL**

Occupation  
**VICE PRESIDENT OF FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.161449**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BROOKS WRIGHT**

Mailing Address 16 HIGHLAND PK PL

City	State	Zip Code
RYE	NY	10580-1736

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARINE & INDUSTRIAL**

Occupation  
**VICE PRESIDENT OF FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.163107**

Date of Receipt

**10 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**BROOKS WRIGHT**

Mailing Address 16 HIGHLAND PK PL

City	State	Zip Code
RYE	NY	10580-1736

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARINE & INDUSTRIAL**

Occupation  
**VICE PRESIDENT OF FINANCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.163975**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

125.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2734 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID WRIGHT**

Mailing Address PO BOX 31105

City  
**TUCSON**

State  
**AZ**

Zip Code  
**85751-1105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JIM CLICK AUTOMOTIVE**

Occupation  
**AUTO SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.160715**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. EMILY A. WRIGHT**

Mailing Address 500 N WEST SHORE BLVD  
STE 750

City  
**TAMPA**

State  
**FL**

Zip Code  
**33609-1985**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.158634**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GARY A. WRIGHT**

Mailing Address 950 N HUMBOLDT ST

City  
**DENVER**

State  
**CO**

Zip Code  
**80218-3516**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GA WRIGHT, INC.**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.159036**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2735 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JASON WRIGHT**

Mailing Address 11 ELDEN DR

City	State	Zip Code
SADDLE RIVER	NJ	07458-2808

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SKYBRIDGE CAPITAL

Occupation  
FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.167475**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. JERRY M. WRIGHT**

Mailing Address 212 W VETERANS MEMORIAL BLVD

City	State	Zip Code
HARKER HEIGHTS	TX	76548-1148

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MERCHANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.166746**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JERRY M. WRIGHT**

Mailing Address 212 W VETERANS MEMORIAL BLVD

City	State	Zip Code
HARKER HEIGHTS	TX	76548-1148

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MERCHANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

**Transaction ID : SA17.174010**

Date of Receipt

MM / DD / YYYY  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2736 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARTHA WRIGHT**

Mailing Address PO BOX 31105

City  
**TUCSON**

State  
**AZ**

Zip Code  
**85751-1105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.161563**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARY MARGARET WRIGHT**

Mailing Address 950 N HUMBOLDT ST

City  
**DENVER**

State  
**CO**

Zip Code  
**80218-3516**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GA WRIGHT, INC.**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.159035**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. RICHARD ASHTON WRIGHT**

Mailing Address 13255 SW 16TH CT  
APT 107

City  
**PEMBROKE PINES**

State  
**FL**

Zip Code  
**33027-6410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2650.00**

**Transaction ID : SA17.170599**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**4200.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2737 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DEBRA Y. WU**

Mailing Address 4802 SOMERSET DR SE

City	State	Zip Code
BELLEVUE	WA	98006-3433

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.180130**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. MARGARET WU**

Mailing Address 10727 WILSHIRE BLVD

City	State	Zip Code
LOS ANGELES	CA	90024-4433

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
3 DOTS ENTERTAINMENT

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175898**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROY E. WUTHIER**

Mailing Address 714 VINTAGE LN

City	State	Zip Code
COLUMBIA	SC	29210-5109

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.181731**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**FRANCIS WYANT**

Mailing Address **3872 MANITOBA WAY**

City	State	Zip Code
ROCKLEDGE	FL	32955-6084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PDS TECH**

Occupation  
**DESIGN ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.162412**

Date of Receipt

**10 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**FRANCIS WYANT**

Mailing Address **3872 MANITOBA WAY**

City	State	Zip Code
ROCKLEDGE	FL	32955-6084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PDS TECH**

Occupation  
**DESIGN ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.175506**

Date of Receipt

**12 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**FRANCIS WYANT**

Mailing Address **3872 MANITOBA WAY**

City	State	Zip Code
ROCKLEDGE	FL	32955-6084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PDS TECH**

Occupation  
**DESIGN ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

**Transaction ID : SA17.180821**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2739 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. STEVEN R. WYBO**

Mailing Address 1393 SUFFIELD AVE

City

BIRMINGHAM

State

MI

Zip Code

48009-4823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONWAY MACKENZIE

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.161229**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. WYNNE**

Mailing Address 1000 LOUISIANA ST  
STE 3900

City

HOUSTON

State

TX

Zip Code

77002-5035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCDERMOTT WILL & EMERY

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.159143**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMPSON W. WYPER**

Mailing Address PO BOX 2231

City

BUENA PARK

State

CA

Zip Code

90621-0731

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FUELING AND SERVICE TECHNOLOGIES,  
INC

Occupation  
PROFESSIONAL ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.177414**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2740 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RODERICK WYSOTE**

Mailing Address **3408 S ATLANTIC AVE**

City	State	Zip Code
DAYTONA BEACH	FL	32118-6311

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.164467**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. BRIAN S. YABLONSKI**

Mailing Address **7073 OX BOW RD**

City	State	Zip Code
TALLAHASSEE	FL	32312-3580

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**GULF POWER COMPANY**

Occupation  
**EXTERNAL AFFAIRS DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1025.00**

**Transaction ID : SA17.167851**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GARY YABLON**

Mailing Address **60 E END AVE**  
**APT 6C**

City	State	Zip Code
NEW YORK	NY	10028-7973

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**IMPALA ASSET MGT.**

Occupation  
**ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158899**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3725.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2741 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KAREN YABLON**

Mailing Address **60 E END AVE**  
**APT 6C**

City **NEW YORK** State **NY** Zip Code **10028-7973**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.158898**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DR. MIDORI YAMANOUCHI**

Mailing Address **1122 SALEM PARK LN**

City **LAKE ARIEL** State **PA** Zip Code **18436-6154**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

UNIVERSITY OF SERANTON

PROFESSOR EMERITUS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**225.00**

**Transaction ID : SA17.158720**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MS. AMY YANDLE**

Mailing Address **123 S ADAMS ST**

City **TALLAHASSEE** State **FL** Zip Code **32301-7719**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SOUTHERN STRATEGY GROUP

OFFICE MANGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.170662**

Date of Receipt

**11 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5425.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2742 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHIH YUAN YANG**

Mailing Address **720 UNIVERSITY AVE**  
**STE 200**

City **LOS GATOS** State **CA** Zip Code **95032-7651**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AME CLOUD VENTURES**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.159293**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GEOFFREY Y. YANG**

Mailing Address **3000 SAND HILL RD**  
**2-290**

City **MENLO PARK** State **CA** Zip Code **94025-7113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**REDPOINT VENTURES**

Occupation  
**VENTURE CAPITAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.161567**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. GEOFFREY Y. YANG**

Mailing Address **3000 SAND HILL RD**  
**2-290**

City **MENLO PARK** State **CA** Zip Code **94025-7113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**REDPOINT VENTURES**

Occupation  
**VENTURE CAPITAL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.161567B**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**5400.00**

**Total This Period (last page this line number only)**.....

**5400.00**

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2743 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. GEOFFREY Y. YANG**

Mailing Address 3000 SAND HILL RD  
2-290

City State Zip Code  
MENLO PARK CA 94025-7113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
REDPOINT VENTURES

Occupation  
VENTURE CAPITAL

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.166559**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**LI YANG**

Mailing Address 555 NE 15TH ST  
STE 32-I

City State Zip Code  
MIAMI FL 33132-1451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOKYO BEAUTY & A MASSAGE SCHOOL

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178691**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LI YANG**

Mailing Address 555 NE 15TH ST  
STE 32-I

City State Zip Code  
MIAMI FL 33132-1451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOKYO BEAUTY & A MASSAGE SCHOOL

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.179472**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2744 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. RUIXIANG YANG**

Mailing Address 725 N FARING RD

City

LOS ANGELES

State

CA

Zip Code

90077-3524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MICHAEL YOUNG DESIGN INC.

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177422**

Date of Receipt

**12 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALP YARADANAKUL**

Mailing Address 4312 UNIVERSITY BLVD.

City

DALLAS

State

TX

Zip Code

75205-1637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AIM TEXAS, LLC

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.169440**

Date of Receipt

**11 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

600.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CAMERON YARBROUGH**

Mailing Address 3154 BARINGER HILL DR

City

TALLAHASSEE

State

FL

Zip Code

32311-3632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GUNSTER YOAKLEY

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.158047**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5300.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2745 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MELINDA YARBROUGH**

Mailing Address 108 DUSTER DR

City	State	Zip Code
NATCHEZ	MS	39120-5277

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MERIT NATCHEZ**

Occupation  
**R.N.**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.165560**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DESPINA YARIAN**

Mailing Address 220 VALENTINES LN

City	State	Zip Code
GLEN HEAD	NY	11545-2523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171358**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL YARIAN**

Mailing Address 220 VALENTINES LN

City	State	Zip Code
GLEN HEAD	NY	11545-2523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BARCLAYS**

Occupation  
**FINANCIAL SERVICES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.171359**

Date of Receipt

**11 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5425.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2746 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BARRETT YATES-MACK**

Mailing Address 46 HILLTOP RD

City  
WESTON

State Zip Code  
MA 02493-1609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCCHRYSTAL GROUP LLC

Occupation  
CFO & CSO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.163834**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**DEEDRA YATES**

Mailing Address 738 GRAND MOUNTAIN DR

City  
CHATTANOOGA

State Zip Code  
TN 37421-7428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.156700**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. MARIE MCALLISTER YATES**

Mailing Address 1050 S RIVER LANDING RD

City  
EDGEWATER

State Zip Code  
MD 21037-1556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167458**

Date of Receipt

**11 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2747 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**PATRICIA YATES**

Mailing Address 2601 BERENSON LN

City	State	Zip Code
AUSTIN	TX	78746-1963

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NETSUITE**

Occupation  
**SALES DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.161128**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARTA YEE**

Mailing Address 7483 CORAL WAY

City	State	Zip Code
MIAMI	FL	33155-1454

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JS REALTY**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.167203**

Date of Receipt

**10 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARTA YEE**

Mailing Address 7483 CORAL WAY

City	State	Zip Code
MIAMI	FL	33155-1454

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JS REALTY**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.172089**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

501.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2748 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARTA YEE**

Mailing Address **7483 CORAL WAY**

City	State	Zip Code
MIAMI	FL	33155-1454

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JS REALTY**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**750.00**

**Transaction ID : SA17.179510**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALEXANDER YERGIN**

Mailing Address **24 5TH AVE**

City	State	Zip Code
NEW YORK	NY	10011-8858

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DATAMINR**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**420.00**

**Transaction ID : SA17.158003**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ALEXANDER YERGIN**

Mailing Address **24 5TH AVE**

City	State	Zip Code
NEW YORK	NY	10011-8858

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DATAMINR**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**420.00**

**Transaction ID : SA17.166265**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**550.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2749 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ALEXANDER YERGIN**

Mailing Address **24 5TH AVE**

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10011-8858**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DATAMINR**

Occupation  
**DIRECTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**420.00**

**Transaction ID : SA17.180831**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MRS. ANGELA YERGIN**

Mailing Address **2959 DAVENPORT ST NW**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20008-2166**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GEORGETOWN UNIVERSITY**

Occupation  
**PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.139424**

Date of Receipt

**08 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANGELA YERGIN**

Mailing Address **2959 DAVENPORT ST NW**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20008-2166**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GEORGETOWN UNIVERSITY**

Occupation  
**PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.139424B**

Date of Receipt

**10 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....

**20.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2750 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. ANGELA YERGIN**

Mailing Address 2959 DAVENPORT ST NW

City	State	Zip Code
WASHINGTON	DC	20008-2166

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GEORGETOWN UNIVERSITY

Occupation  
PROFESSOR

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.158406**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**DR. NARASIMHA YERRAMSETTI**

Mailing Address 11056 ONSLOW CT

City	State	Zip Code
LAS VEGAS	NV	89135-2234

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.171807**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MERLE YODER**

Mailing Address 739 LAKE AVE

City	State	Zip Code
GREENWICH	CT	06830-3333

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.159309**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2751 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL YOEMANS**

Mailing Address **65 BLACKBERRY LN**

City  
**LEXINGTON**

State  
**VA**

Zip Code  
**24450-6756**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.164258**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL YOEMANS**

Mailing Address **65 BLACKBERRY LN**

City  
**LEXINGTON**

State  
**VA**

Zip Code  
**24450-6756**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.171660**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MICHAEL YOEMANS**

Mailing Address **65 BLACKBERRY LN**

City  
**LEXINGTON**

State  
**VA**

Zip Code  
**24450-6756**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

**Transaction ID : SA17.176591**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**150.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2752 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL YOEMANS**

Mailing Address 65 BLACKBERRY LN

City  
LEXINGTON

State Zip Code  
VA 24450-6756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.178860**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. RAYMON A. YORK**

Mailing Address 23005 N 74TH ST

City  
SCOTTSDALE

State Zip Code  
AZ 85255-7500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EWING IRRIGATION

Occupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170093**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. CESAR G. YOUKHADAR**

Mailing Address 9910 NW 88TH TER

City  
DORAL

State Zip Code  
FL 33178-2739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161258**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2753 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CESAR G. YOUKHADAR**

Mailing Address 9910 NW 88TH TER

City	State	Zip Code
DORAL	FL	33178-2739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.173519**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LORRAINE A. YOULIO**

Mailing Address 1226 VENETIA DR

City	State	Zip Code
SPRING HILL	FL	34608-7419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

390.00

**Transaction ID : SA17.167316**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LORRAINE A. YOULIO**

Mailing Address 1226 VENETIA DR

City	State	Zip Code
SPRING HILL	FL	34608-7419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

390.00

**Transaction ID : SA17.167948**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

315.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2754 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LORRAINE A. YOULIO**

Mailing Address 1226 VENETIA DR

City

SPRING HILL

State

FL

Zip Code

34608-7419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

390.00

**Transaction ID : SA17.171176**

Date of Receipt

**11 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**BEVERLY YOUNG**

Mailing Address 10 CEDAR POINT DR

City

SAVANNAH

State

GA

Zip Code

31405-1021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166644**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BRUCE J. YOUNG**

Mailing Address 800 N MICHIGAN AVE  
APT 5901

City

CHICAGO

State

IL

Zip Code

60611-2243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MESIROW FINANCIAL

Occupation  
FINANCIAL SERVICES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.158556**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2755 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHERYL YOUNG**

Mailing Address 2601 BAYOU BLVD

City	State	Zip Code
PENSACOLA	FL	32503-4201

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SEVILLE SQUARE REALTY, LLC**

Occupation  
**REAL ESTATE BROKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166029**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. GLENN A. YOUNGKIN**

Mailing Address 9640 GEORGETOWN PIKE

City	State	Zip Code
GREAT FALLS	VA	22066-2638

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**THE CARLYLE GROUP**

Occupation  
**PRIVATE EQUITY MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.155480**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**GRANT YOUNGKIN**

Mailing Address 9640 GEORGETOWN PIKE

City	State	Zip Code
GREAT FALLS	VA	22066-2638

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162835**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5650.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2756 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JENNIFER YOUNG**

Mailing Address 227 MARLBOROUGH RD

City	State	Zip Code
WEST PALM BEACH	FL	33405-1616

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
JEB 2016, INC.

Occupation  
OPERATIONS MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

217.00

**Transaction ID : SA17.167595**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARGARET YOUNG**

Mailing Address 5836 N CAMINO ESPLENDORA

City	State	Zip Code
TUCSON	AZ	85718-4506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.168012**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MARGARET YOUNG**

Mailing Address 5836 N CAMINO ESPLENDORA

City	State	Zip Code
TUCSON	AZ	85718-4506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.172051**

Date of Receipt

**11 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

155.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2757 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MARGARET YOUNG**

Mailing Address 5836 N CAMINO ESPLENDORA

City	State	Zip Code
TUCSON	AZ	85718-4506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.175280**

Date of Receipt

**12 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MARGARET YOUNG**

Mailing Address 5836 N CAMINO ESPLENDORA

City	State	Zip Code
TUCSON	AZ	85718-4506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.179709**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**REBECCA YOUNG**

Mailing Address 25 RYDERS LN

City	State	Zip Code
WILTON	CT	06897-1722

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HEDGEYE RISK MANAGEMENT

Occupation  
INSTITUTIONAL EQUITY SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1010.00

**Transaction ID : SA17.158924**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1075.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2758 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**REBECCA YOUNG**

Mailing Address 25 RYDERS LN

City  
WILTON

State Zip Code  
CT 06897-1722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEDGEYE RISK MANAGEMENT

Occupation  
INSTITUTIONAL EQUITY SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1010.00

**Transaction ID : SA17.159639**

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**COL. THOMAS F. YOUNG (RET.)**

Mailing Address FRANKFURT AM MAIN  
JAHNSTRASSE 15

City  
GERMANY 60318

State Zip Code  
FF 99999-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. ARMY

Occupation  
ARMY OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.158494**

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MRS. TOBI YOUNG**

Mailing Address 3909 BONNELL DR

City  
AUSTIN

State Zip Code  
TX 78731-5847

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE GEORGE W BUSH FOUNDATION

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.154256**

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1510.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2759 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. TOBI YOUNG**

Mailing Address 3909 BONNELL DR

City  
AUSTIN

State  
TX

Zip Code  
78731-5847

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE GEORGE W BUSH FOUNDATION

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.154256B**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item  
REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MRS. TOBI YOUNG**

Mailing Address 3909 BONNELL DR

City  
AUSTIN

State  
TX

Zip Code  
78731-5847

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE GEORGE W BUSH FOUNDATION

Occupation  
ATTORNEY

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.158490**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item  
REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MRS. PHILLIS YU**

Mailing Address 9190 W OLYMPIC BLVD  
# 270

City  
BEVERLY HILLS

State  
CA

Zip Code  
90212-3540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.177120**

Date of Receipt

**12 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2760 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KAM YUEN**

Mailing Address **53 NORMAN AVE**

City

**LAKE HIAWATHA**

State

**NJ**

Zip Code

**07034-3003**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**KAM K YUEN LLC**

Occupation

**LIFE & HEALTH INSURANCE PRODUCER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**205.00**

**Transaction ID : SA17.156637**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAM YUEN**

Mailing Address **53 NORMAN AVE**

City

**LAKE HIAWATHA**

State

**NJ**

Zip Code

**07034-3003**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**KAM K YUEN LLC**

Occupation

**LIFE & HEALTH INSURANCE PRODUCER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**205.00**

**Transaction ID : SA17.157788**

Date of Receipt

**10 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**3.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KAM YUEN**

Mailing Address **53 NORMAN AVE**

City

**LAKE HIAWATHA**

State

**NJ**

Zip Code

**07034-3003**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**KAM K YUEN LLC**

Occupation

**LIFE & HEALTH INSURANCE PRODUCER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**205.00**

**Transaction ID : SA17.168581**

Date of Receipt

**11 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**3.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**7.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2761 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KAM YUEN**

Mailing Address 53 NORMAN AVE

City

LAKE HIAWATHA

State

NJ

Zip Code

07034-3003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KAM K YUEN LLC

Occupation

LIFE & HEALTH INSURANCE PRODUCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.174643**

Date of Receipt

**12 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

3.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KAM YUEN**

Mailing Address 53 NORMAN AVE

City

LAKE HIAWATHA

State

NJ

Zip Code

07034-3003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KAM K YUEN LLC

Occupation

LIFE & HEALTH INSURANCE PRODUCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.176931**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM YUNG**

Mailing Address 4428 MOCKINGBIRD PKWY

City

DALLAS

State

TX

Zip Code

75205-2740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HUB INTERNATIONAL INSURANCE  
SERVICES

Occupation

INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175848**

Date of Receipt

**12 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2728.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2762 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NURI YURT**

Mailing Address 3251 PROSPECT ST NW

City  
WASHINGTON

State Zip Code  
DC 20007-3243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOKA LLC

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174432**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**D. ZABARI**

Mailing Address 350 CANAL ST  
UNIT 652

City  
NEW YORK

State Zip Code  
NY 10012-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.163106**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**D. ZABARI**

Mailing Address 350 CANAL ST  
UNIT 652

City  
NEW YORK

State Zip Code  
NY 10012-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.166059**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1150.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2763 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**D. ZABARI**

Mailing Address **350 CANAL ST**  
**UNIT 652**

City **NEW YORK** State **NY** Zip Code **10012-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**350.00**

**Transaction ID : SA17.174881**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANTONIO C. ZAHLANIE**

Mailing Address **145 RIDGEWOOD RD**

City **TOWNSHIP OF WASHINGTON** State **NJ** Zip Code **07676-5124**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CEDAR STARS ACADEMY**

Occupation  
**OPERATIONS MANAGEMENT AND MARKETING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.172974**

Date of Receipt

**11 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ROBERT F. ZAHRA**

Mailing Address **255 SNOWFIELDS RUN**

City **LAKE MARY** State **FL** Zip Code **32746-4125**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.166132**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**3300.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2764 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BLAISE ZANDOLI**

Mailing Address 403 PARKSIDE AVE

City

BROOKLYN

State

NY

Zip Code

11226-1478

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LONG BRIDGE CAPITAL

Occupation

FINANCE

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.157331**

Date of Receipt

MM / DD / YYYY  
10 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. CURTIS J. ZANE**

Mailing Address 6302 DUNAWAY CT

City

MCLEAN

State

VA

Zip Code

22101-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BLANK ROME

Occupation

MANAGING PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174406**

Date of Receipt

MM / DD / YYYY  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALBERT CHARLES ZAPANTA**

Mailing Address 2516 CLEARSRING DR N

City

IRVING

State

TX

Zip Code

75063-3163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.168392**

Date of Receipt

MM / DD / YYYY  
11 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2765 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. DAVID ZAPATA**

Mailing Address 5402 KENTON FLS

City	State	Zip Code
SAN ANTONIO	TX	78240-1575

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
REPUBLICAN PARTY OF TEXAS

Occupation  
HISPANIC ENGAGEMENT DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.162262**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID ZAPATA**

Mailing Address 5402 KENTON FLS

City	State	Zip Code
SAN ANTONIO	TX	78240-1575

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
REPUBLICAN PARTY OF TEXAS

Occupation  
HISPANIC ENGAGEMENT DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

**Transaction ID : SA17.163138**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ATILIO JAVIER ZARDETTO**

Mailing Address 622 BROOKHAVEN CT

City	State	Zip Code
KIRKWOOD	MO	63122-3005

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RGARE

Occupation  
FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17.166997**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2766 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ATILIO JAVIER ZARDETTO**

Mailing Address **622 BROOKHAVEN CT**

City <b>KIRKWOOD</b>	State <b>MO</b>	Zip Code <b>63122-3005</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RGARE**

Occupation  
**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.172175**

Date of Receipt

M M / D D / Y Y Y Y
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. ATILIO JAVIER ZARDETTO**

Mailing Address **622 BROOKHAVEN CT**

City <b>KIRKWOOD</b>	State <b>MO</b>	Zip Code <b>63122-3005</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RGARE**

Occupation  
**FINANCIAL ANALYST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.179428**

Date of Receipt

M M / D D / Y Y Y Y
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LAURA E. ZARETT**

Mailing Address **1807 DELANCEY ST**

City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code <b>19103-6606</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.175034**

Date of Receipt

M M / D D / Y Y Y Y
12 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**2900.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2767 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MIMI ZAYTOUN**

Mailing Address 325 BUNCOMBE ST

City

RALEIGH

State

NC

Zip Code

27609-6311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.165562**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY ZEOLLA**

Mailing Address 5736 MONTGOMERY DR

City

SHELBY TOWNSHIP

State

MI

Zip Code

48316-4177

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

C&R PLUMBING & HEATING INC.

Occupation

PROJECT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160043**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**NORMA ZERINGUE**

Mailing Address 5757 SOUTHWESTERN BLVD

City

DALLAS

State

TX

Zip Code

75209-3437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CONIFER HEALTH

Occupation

STRATEGY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.166080**

Date of Receipt

**11 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2768 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. ANA F. ZERPA**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY GROUP**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.161259**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MS. ANA F. ZERPA**

Mailing Address 11107 NW 72ND TER

City	State	Zip Code
DORAL	FL	33178-3669

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BRICKELL REALTY GROUP**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.174371**

Date of Receipt

**12 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. ALLEN JIN ZHANG**

Mailing Address 3003 ROSEMARY PARK LN

City	State	Zip Code
HOUSTON	TX	77082-6828

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160012**

Date of Receipt

**10 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

5700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2769 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALLEN JIN ZHANG**

Mailing Address 3003 ROSEMARY PARK LN

City	State	Zip Code
HOUSTON	TX	77082-6828

FEC ID number of contributing federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160012B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**DING ZHANG**

Mailing Address 3003 ROSEMARY PARK LN

City	State	Zip Code
HOUSTON	TX	77082-6828

FEC ID number of contributing federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165781**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**JIN QI ZHOU**

Mailing Address 19362 HERITAGE PL

City	State	Zip Code
ROWLAND HEIGHTS	CA	91748-2353

FEC ID number of contributing federal political committee.

**C**

Name of Employer

J ZHOU ORIENTAL CUISINE

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.175899**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2770 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. JURA C. ZIBAS**

Mailing Address 1601 3RD AVE

City  
**NEW YORK**

State Zip Code  
**NY 10128-3416**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILSON ELSE**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1750.00**

**Transaction ID : SA17.158965**

Date of Receipt

**10 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**LINDA ZILBER**

Mailing Address 1231 95TH ST

City  
**BAY HARBOR ISLANDS**

State Zip Code  
**FL 33154-1902**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.159323**

Date of Receipt

**10 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LINDA ZILBER**

Mailing Address 1231 95TH ST

City  
**BAY HARBOR ISLANDS**

State Zip Code  
**FL 33154-1902**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.176135**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**700.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2771 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. NORMA ELLIS ZIMDAHL**

Mailing Address 4525 N PLACITA DEL TIO

City	State	Zip Code
TUCSON	AZ	85750-6312

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160717**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ELTON R. ZIMMERMAN SR.**

Mailing Address 208 ROYAL TOWER DR

City	State	Zip Code
HOMEWOOD	AL	35209-6816

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.156961**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. JORDAN B. ZIMMERMAN**

Mailing Address 720 PELICAN POINT CV

City	State	Zip Code
BOCA RATON	FL	33431-5226

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ZIMMERMAN ADVERTISING

Occupation  
FOUNDER/CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157642**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

8200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2772 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JORDAN B. ZIMMERMAN**

Mailing Address 720 PELICAN POINT CV

City	State	Zip Code
BOCA RATON	FL	33431-5226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ZIMMERMAN ADVERTISING**

Occupation  
**FOUNDER/CHAIRMAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.157642B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

**B. Full Name (Last, First, Middle Initial)**

**MRS. TERRY ZIMMERMAN**

Mailing Address 720 PELICAN POINT CV

City	State	Zip Code
BOCA RATON	FL	33431-5226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TEKITA ENTERPRISES, LLC**

Occupation  
**WRITER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.172433**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. DARELL E. ZINK**

Mailing Address 8900 KEYSTONE XING  
STE 100

City	State	Zip Code
INDIANAPOLIS	IN	46240-1391

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STRATEGIC CAPITAL PARTNERS**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17.158671**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2773 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARY ANN ZINK**

Mailing Address **8900 KEYSTONE XING**  
**STE 100**

City **INDIANAPOLIS** State **IN** Zip Code **46240-1391**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1350.00**

**Transaction ID : SA17.158653**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1350.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**STEVE ZIPPERSTEIN**

Mailing Address **804 RIVEN ROCK RD**

City **SANTA BARBARA** State **CA** Zip Code **93108-1125**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BLACKBERRY CORP.**

Occupation

**LAWYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.168235**

Date of Receipt

**11 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. BASIL P. ZIRINIS III**

Mailing Address **125 BROAD ST**

City **NEW YORK** State **NY** Zip Code **10004-2400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SULLIVAN & CROMWELL LLP**

Occupation

**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1700.00**

**Transaction ID : SA17.157199A**

Date of Receipt

**10 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1700.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**5050.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AMY ZOLKOSKI CANN**

Mailing Address 95 N ALMONDELL CIR

City	State	Zip Code
THE WOODLANDS	TX	77354-3660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUPUIS & POLOZOLA, LLC

Occupation  
OIL AND GAS ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.159526**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AMY ZOLKOSKI CANN**

Mailing Address 95 N ALMONDELL CIR

City	State	Zip Code
THE WOODLANDS	TX	77354-3660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUPUIS & POLOZOLA, LLC

Occupation  
OIL AND GAS ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167074**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AMY ZOLKOSKI CANN**

Mailing Address 95 N ALMONDELL CIR

City	State	Zip Code
THE WOODLANDS	TX	77354-3660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUPUIS & POLOZOLA, LLC

Occupation  
OIL AND GAS ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.167788**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

225.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2775 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AMY ZOLKOSKI CANN**

Mailing Address 95 N ALMONDELL CIR

City	State	Zip Code
THE WOODLANDS	TX	77354-3660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUPUIS & POLOZOLA, LLC

Occupation  
OIL AND GAS ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.179469**

Date of Receipt

**12 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. ALFRED ZUCARO**

Mailing Address 561 GOLDEN HARBOUR DR

City	State	Zip Code
BOCA RATON	FL	33432-2941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158640**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ELAINE ZUSCHLAG**

Mailing Address 130 E KALISTE SALOOM RD

City	State	Zip Code
LAFAYETTE	LA	70508-8308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170748**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3225.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2776 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD E. ZUSCHLAG**

Mailing Address 130 E KALISTE SALOOM RD

City	State	Zip Code
LAFAYETTE	LA	70508-8308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ACADIAN AMBULANCE

Occupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.170749**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ALDO'S ENTERTAINMENT, LLC**

Mailing Address 617 W BELMONT AVE

City	State	Zip Code
FRESNO	CA	93728-2804

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.161557**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**BAKERSFIELD WELL CASING LLC**

Mailing Address PO BOX 82575

City	State	Zip Code
BAKERSFIELD	CA	93380-2575

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.142754**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

3200.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2777 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BAKERSFIELD WELL CASING LLC**

Mailing Address PO BOX 82575

City

BAKERSFIELD

State

CA

Zip Code

93380-2575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.142754B**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

19

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2300.00

☒ Memo Item

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**BAKERSFIELD WELL CASING LLC**

Mailing Address PO BOX 82575

City

BAKERSFIELD

State

CA

Zip Code

93380-2575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.162349**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2015

19

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2300.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**BC PROPERTY II, LC**

Mailing Address 4500 BISCAYNE BLVD  
STE 200

City

MIAMI

State

FL

Zip Code

33137-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.158492**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2015

14

2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2778 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**BLUMLING & GUSKY, LLP**

Mailing Address 436 7TH AVE

City

PITTSBURGH

State

PA

Zip Code

15219-1826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165640**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**ATTRIBUTION TO PARTNERS REQUESTED**

**B. Full Name (Last, First, Middle Initial)**

**BUTLER SNOW, LLP**

Mailing Address PO BOX 6010

City

RIDGELAND

State

MS

Zip Code

39158-6010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.174930**

Date of Receipt

**12 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**ATTRIBUTION TO PARTNERS REQUESTED**

**C. Full Name (Last, First, Middle Initial)**

**CARVER, DARDEN, KORETZKY, TESSIER, FINN, BLOSSMAN & AREAUX LLC**

Mailing Address 1100 POYDRAS ST  
STE 3100

City

NEW ORLEANS

State

LA

Zip Code

70163-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.182225**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

**REFUNDED \$2,700.00 ON 12/27/2015;  
PARTNERSHIP ATTRIBUTION REQUESTED**

**Subtotal Of Receipts This Page (optional)**.....

8600.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2779 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHIMICLES & TIKELLIS LLP**

Mailing Address 361 LANCASTER AVE

City

HAVERFORD

State

PA

Zip Code

19041-1554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170539**

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**DILWORTH PAXSON, LLP**

Mailing Address 1500 MARKET ST  
STE 3500E

City

PHILADELPHIA

State

PA

Zip Code

19102-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.166322**

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**DRV CONTRACTORS LLC**

Mailing Address 51667 ORO DR

City

SHELBY TOWNSHIP

State

MI

Zip Code

48315-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.162902**

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

3500.00

**Total This Period (last page this line number only)** .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 2780 / 5419

16	<input checked="" type="checkbox"/> 17a	17b	17c	17d	18
19a	19b	20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

FREMONT COLLEGE, LLC

Mailing Address 3440 WILSHIRE BLVD  
FL 10

City	State	Zip Code
LOS ANGELES	CA	90010-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.162151**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SEE ATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

MS. SABRINA KAY

Mailing Address 3440 WILSHIRE BLVD  
FL 10

City	State	Zip Code
LOS ANGELES	CA	90010-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FREMONT COLLEGEOccupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.166562**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

PARTNERSHIP ATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

HANGARTNER RYDBERG &amp; TERREL, LLC

Mailing Address 701 POYDRAS ST  
STE 310

City	State	Zip Code
NEW ORLEANS	LA	70139-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.174747**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

Subtotal Of Receipts This Page (optional).....

4700.00

Total This Period (last page this line number only).....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2781 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**KASOWITZ, BENSON, TORRES & FRIEDMAN, LLP**

Mailing Address 1633 BROADWAY

City	State	Zip Code
NEW YORK	NY	10019-6708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.160570**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**ATTRIBUTION TO PARTNERS REQUESTED**

**B. Full Name (Last, First, Middle Initial)**

**KINE LLC**

Mailing Address 301 DOMINION DR  
STE D

City	State	Zip Code
MORRISVILLE	NC	27560-7333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.166324**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**ATTRIBUTION TO PARTNERS REQUESTED**

**C. Full Name (Last, First, Middle Initial)**

**KOKOMO HOLDINGS, LLC**

Mailing Address 115 ATLANTIC DR

City	State	Zip Code
MAITLAND	FL	32751-3328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158216**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SEE ATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

3950.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 2782 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MS. LISA METCALF**

Mailing Address 115 ATLANTIC DR

City

MAITLAND

State

FL

Zip Code

32751-3328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KOKOMO HOLDINGS, LLC

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.167337**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**PARTNERSHIP ATTRIBUTION**

**B. Full Name (Last, First, Middle Initial)**

**LESEMANN INSURANCE AGENCY, LLC**

Mailing Address PO BOX 30146

City

CHARLESTON

State

SC

Zip Code

29417-0146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.165415**

Date of Receipt

**11 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SEE ATTRIBUTION**

**C. Full Name (Last, First, Middle Initial)**

**WILLIAM F. LESEMANN**

Mailing Address PO BOX 30146

City

CHARLESTON

State

SC

Zip Code

29417-0146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

LESEMANN INSURANCE AGENCY, LLC

Occupation

INSURANCE SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.174513**

Date of Receipt

**11 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☒ Memo Item

**PARTNERSHIP ATTRIBUTION**

**Subtotal Of Receipts This Page (optional)**.....

250.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2783 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MAYBANK LAW FIRM, LLC**

Mailing Address PO BOX 12579

City

CHARLESTON

State

SC

Zip Code

29422-2579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.179288**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**MEHL INVESTMENTS LLLP**

Mailing Address 777 BRICKELL AVE  
STE 1201

City

MIAMI

State

FL

Zip Code

33131-2867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174356**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SEE ATTRIBUTION

**C. Full Name (Last, First, Middle Initial)**

**MS. MARIA HEALY**

Mailing Address 777 BRICKELL AVE  
STE 1201

City

MIAMI

State

FL

Zip Code

33131-2867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174929**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☒ Memo Item

PARTNERSHIP ATTRIBUTION

Subtotal Of Receipts This Page (optional).....

1500.00

Total This Period (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2784 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MLS FREIGHT LOGISTICS LLC**

Mailing Address 1802 S EXPRESSWAY 281

City	State	Zip Code
EDINBURG	TX	78542-7201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.177933**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**B. Full Name (Last, First, Middle Initial)**

**OBERMAYER REBMANN MAXWELL & HIPPEL, LLP**

Mailing Address 1617 JOHN F KENNEDY BLVD  
FL 19

City	State	Zip Code
PHILADELPHIA	PA	19103-1833

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166323**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**C. Full Name (Last, First, Middle Initial)**

**PHELPS DUNBAR LLP**

Mailing Address PO BOX 16114

City	State	Zip Code
JACKSON	MS	39236-6114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174746**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ATTRIBUTION TO PARTNERS REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

2500.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2785 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**PROSKAUER ROSE, LLP**

Mailing Address **11 TIMES SQ**  
**FL 23**

City **NEW YORK** State **NY** Zip Code **10036-6606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.160571**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**ATTRIBUTION TO PARTNERS REQUESTED**

**B.** Full Name (Last, First, Middle Initial)

**RESIDENTIAL REAL ESTATE INVESTMENT LLC**

Mailing Address **2549 EASTBLUFF DR**  
**# 267**

City **NEWPORT BEACH** State **CA** Zip Code **92660-3500**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.170077**

Date of Receipt

**11 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5400.00**

☐ Memo Item

**ATTRIBUTION TO PARTNERS REQUESTED**

**C.** Full Name (Last, First, Middle Initial)

**RESIDENTIAL REAL ESTATE INVESTMENT LLC**

Mailing Address **2549 EASTBLUFF DR**  
**# 267**

City **NEWPORT BEACH** State **CA** Zip Code **92660-3500**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.170077B**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**-2700.00**

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional).....

**5900.00**

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2786 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**RESIDENTIAL REAL ESTATE INVESTMENT LLC**

Mailing Address **2549 EASTBLUFF DR**  
**# 267**

City	State	Zip Code
<b>NEWPORT BEACH</b>	<b>CA</b>	<b>92660-3500</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5400.00**

**Transaction ID : SA17.183314**

Date of Receipt

**12 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**STRADLEY RONON STEVENS & YOUNG, LLP**

Mailing Address **2005 MARKET ST**  
**STE 2600**

City	State	Zip Code
<b>PHILADELPHIA</b>	<b>PA</b>	<b>19103-7018</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.167348**

Date of Receipt

**11 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**ATTRIBUTION TO PARTNERS REQUESTED**

**C. Full Name (Last, First, Middle Initial)**

**PHILIP FLYNN**

Mailing Address **2607 LOST DAUPHIN ROAD**

City	State	Zip Code
<b>DE PERE</b>	<b>WI</b>	<b>54115</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ASSOCIATED BANK**

Occupation  
**PRESIDENT AND CEO**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.158896A**

Date of Receipt

**10 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☒ Memo Item

**CONDUIT CONTRIBUTION THROUGH ALLIANCE OF BANKERS FOR WISCONSIN**

**Subtotal Of Receipts This Page (optional)**.....

**1000.00**

**Total This Period (last page this line number only)**.....

**6624129.97**

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2787 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**CHAMBLISS FOR US SENATE**

Mailing Address PO BOX 12469

City	State	Zip Code
ATLANTA	GA	30355-2469

FEC ID number of contributing federal political committee. **C** C00266932

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17.181109**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

## CONTRIBUTION

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DAN COATS FOR INDIANA**

Mailing Address 1 AMERICAN SQ  
STE 2000

City	State	Zip Code
INDIANAPOLIS	IN	46282-0004

FEC ID number of contributing federal political committee. **C** C00476374

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

**Transaction ID : SA17.165641**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

## CONTRIBUTION

Amount of Each Receipt this Period

4000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DAN COATS FOR INDIANA**

Mailing Address 1 AMERICAN SQ  
STE 2000

City	State	Zip Code
INDIANAPOLIS	IN	46282-0004

FEC ID number of contributing federal political committee. **C** C00476374

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

**Transaction ID : SA17.165641B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

## CONTRIBUTION

Amount of Each Receipt this Period

-2000.00

☒ Memo Item

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

6000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2788 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DAN COATS FOR INDIANA**

Mailing Address **1 AMERICAN SQ**  
**STE 2000**

City **INDIANAPOLIS** State **IN** Zip Code **46282-0004**

FEC ID number of contributing  
federal political committee.

**C** **C00476374**

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4000.00**

**Transaction ID : SA17.168225**

Date of Receipt

**11 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**FRANCIS FOR CONGRESS**

Mailing Address **116 WALKERS RIDGE RD**

City **PRESTO** State **PA** Zip Code **15142-1206**

FEC ID number of contributing  
federal political committee.

**C** **C00432047**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA17.166325**

Date of Receipt

**11 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LUKE MESSER FOR CONGRESS**

Mailing Address **PO BOX 917**

City **SHELBYVILLE** State **IN** Zip Code **46176-0917**

FEC ID number of contributing  
federal political committee.

**C** **C00460667**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4000.00**

**Transaction ID : SA17.159216**

Date of Receipt

**10 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**4000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6000.00**

**Total This Period (last page this line number only)**.....



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2789 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**LUKE MESSER FOR CONGRESS**

Mailing Address PO BOX 917

City	State	Zip Code
SHELBYVILLE	IN	46176-0917

FEC ID number of contributing federal political committee.

**C** C00460667

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

**Transaction ID : SA17.159216B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-2000.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**B. Full Name (Last, First, Middle Initial)**

**LUKE MESSER FOR CONGRESS**

Mailing Address PO BOX 917

City	State	Zip Code
SHELBYVILLE	IN	46176-0917

FEC ID number of contributing federal political committee.

**C** C00460667

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

**Transaction ID : SA17.160082**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☒ Memo Item

**REDESIGNATION FROM PRIMARY**

**C. Full Name (Last, First, Middle Initial)**

**MARIO DIAZ-BALART FOR CONGRESS**

Mailing Address 8770 SUNSET DRIVE #420

City	State	Zip Code
MIAMI	FL	33134-

FEC ID number of contributing federal political committee.

**C** C00376087

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.177934**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2790 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**NEW HAMPSHIRE FOR SCOTT BROWN**

Mailing Address PO BOX 600

City	State	Zip Code
RYE	NH	03870-0600

FEC ID number of contributing federal political committee. **C** C00560003

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : SA17.166119**

Date of Receipt

MM / DD / YYYY  
 11 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROS-LEHTINEN FOR CONGRESS**

Mailing Address P.O. BOX 52-2784

City	State	Zip Code
MIAMI	FL	33152-

FEC ID number of contributing federal political committee. **C** C00280537

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : SA17.160572**

Date of Receipt

MM / DD / YYYY  
 10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROS-LEHTINEN FOR CONGRESS**

Mailing Address P.O. BOX 52-2784

City	State	Zip Code
MIAMI	FL	33152-

FEC ID number of contributing federal political committee. **C** C00280537

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : SA17.160572B**

Date of Receipt

MM / DD / YYYY  
 11 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

-700.00

☒ Memo Item

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional).....

3700.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2791 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**  
**ROS-LEHTINEN FOR CONGRESS**

Mailing Address P.O. BOX 52-2784

City	State	Zip Code
MIAMI	FL	33152-

FEC ID number of contributing federal political committee.

**C** C00280537

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.165957**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**  
**ALLIANCE OF BANKERS FOR WISCONSIN**

Mailing Address 4721 S BILTMORE LN

City	State	Zip Code
MADISON	WI	53718-

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158896**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONDUIT CONTRIBUTION FOR PHILIP FLYNN

**C. Full Name (Last, First, Middle Initial)**  
**CITIZENS FOR PROGRESS COMMITTEE**

Mailing Address 436 7TH AVE  
STE 1200

City	State	Zip Code
PITTSBURGH	PA	15219-1818

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.165642**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

REFUNDED \$5,000.00 ON 01/01/2016

**Subtotal Of Receipts This Page** (optional).....

6000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2792 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL S. YENNI CAMPAIGN FUND**

Mailing Address PO BOX 640938

City

KENNER

State

LA

Zip Code

70064-0938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174745**

Date of Receipt

MM / DD / YYYY  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ANN PAC**

Mailing Address PO BOX 3535

City

BALLWIN

State

MO

Zip Code

63022-3535

FEC ID number of contributing  
federal political committee.

**C** C00531764

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.178954**

Date of Receipt

MM / DD / YYYY  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AQUA AMERICA, INC. H2O PAC**

Mailing Address 762 W LANCASTER AVE

City

BRYN MAWR

State

PA

Zip Code

19010-3402

FEC ID number of contributing  
federal political committee.

**C** C00340455

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.169788**

Date of Receipt

MM / DD / YYYY  
11 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7000.00

**Total This Period** (last page this line number only) .....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2793 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**ASSOCIATIONS INC. PAC**

Mailing Address **5401 N CENTRAL EXPY**  
**STE 260**

City **DALLAS** State **TX** Zip Code **75205-**

FEC ID number of contributing  
federal political committee.

**C** **C00413856**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5000.00**

**Transaction ID : SA17.181108**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AUTONATION PAC**

Mailing Address **200 SW 1ST AVE**  
**FL 4**

City **FORT LAUDERDALE** State **FL** Zip Code **33301-1875**

FEC ID number of contributing  
federal political committee.

**C** **C00330514**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5000.00**

**Transaction ID : SA17.158215**

Date of Receipt

**10 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**COZEN O'CONNOR PAC**

Mailing Address **1900 MARKET ST**  
**FL 3**

City **PHILADELPHIA** State **PA** Zip Code **19103-**

FEC ID number of contributing  
federal political committee.

**C** **C00312777**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.166120**

Date of Receipt

**11 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**11000.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2794 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DUANE MORRIS LLP GOVERNMENT**

Mailing Address 30 S 17TH ST

City

PHILADELPHIA

State

PA

Zip Code

19103-4001

FEC ID number of contributing  
federal political committee.

**C** C00364133

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.166641**

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**EVERY REPUBLICAN IS CRUCIAL - ERIC PAC**

Mailing Address 25 E MAIN ST  
STE 200

City

RICHMOND

State

VA

Zip Code

23219-2109

FEC ID number of contributing  
federal political committee.

**C** C00384701

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.178953**

Date of Receipt

MM / DD / YYYY  
12 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**JEFF PAC**

Mailing Address 2150 RIVER PLAZA DR  
STE 150

City

SACRAMENTO

State

CA

Zip Code

95833-4131

FEC ID number of contributing  
federal political committee.

**C** C00489112

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.177110**

Date of Receipt

MM / DD / YYYY  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2795 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JET PAC**

Mailing Address PO BOX 2385

City  
OTTAWA

State Zip Code  
IL 61350-6985

FEC ID number of contributing  
federal political committee.

**C** C00522425

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.165644**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**KEYSTONE ALLIANCE PAC**

Mailing Address PO BOX 3883

City  
PHILADELPHIA

State Zip Code  
PA 19146-0183

FEC ID number of contributing  
federal political committee.

**C** C00432096

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.163185**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**LEO A. DALY COMPANY PAC**

Mailing Address 8600 INDIAN HILLS DR

City  
OMAHA

State Zip Code  
NE 68114-4039

FEC ID number of contributing  
federal political committee.

**C** C00402727

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.174340**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2796 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MORE CONSERVATIVES PAC**

Mailing Address **228 S WASHINGTON ST**  
**STE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing  
federal political committee.

**C** **C00540187**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5000.00**

**Transaction ID : SA17.177111**

Date of Receipt

**12** / **18** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**RYDER SYSTEM, INC. EMPLOYEE'S PAC**

Mailing Address **11690 NW 105TH ST**

City **MEDLEY** State **FL** Zip Code **33178-1103**

FEC ID number of contributing  
federal political committee.

**C** **C00088435**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.175693**

Date of Receipt

**12** / **15** / **2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**6000.00**

**Total This Period (last page this line number only)**.....

**69700.00**



# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2797 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City	State	Zip Code
MIAMI	FL	33144

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**JEB 2016 INC.**

Occupation  
**CAMPAIGN STAFF**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1124.92**

**Transaction ID : SA20A.17523**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

REFUND-AIRFARE

Amount of Each Receipt this Period

**600.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**AT&T**

Mailing Address 208 S AKARD ST

City	State	Zip Code
DALLAS	TX	75202

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA20A.17520**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

REFUND-PHONE SERVICE

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**AT&T**

Mailing Address 208 S AKARD ST

City	State	Zip Code
DALLAS	TX	75202

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

**Transaction ID : SA20A.17521**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

REFUND-PHONE SERVICE

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**2600.00**

**Total This Period (last page this line number only)**.....

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2798 / 5419

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CHANGE.ORG INC**

Mailing Address **383 RHODE ISLAND ST**  
**SUITE 300**

City **SAN FRANCISCO** State **CA** Zip Code **94103**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**10000.00**

**Transaction ID : SA20A.17527**

Date of Receipt

**12 / 24 / 2015**

**REFUND-DIRECT MAIL SERVICE**

Amount of Each Receipt this Period

**10000.00**

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**WASHOE COUNTY REGIONALPARKS**

Mailing Address **1001 E 9 ST**

City **RENO** State **NV** Zip Code **89512**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**490.00**

**Transaction ID : SA20A.17524**

Date of Receipt

**11 / 24 / 2015**

**REFUND-FACILITY RENTAL**

Amount of Each Receipt this Period

**490.00**

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**10490.00**

**Total This Period (last page this line number only)**.....

**13090.00**

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2799 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ARLINGTON COUNTY REPUBLICAN COMMITTEE**

Mailing Address 405 S GLEBE RD

City  
**ARLINGTON**

State  
**VA**

Zip Code  
**22204**

Purpose of Disbursement  
**RENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**10 / 06 / 2015**

**Transaction ID : SB23.I9041**

Amount of Each Disbursement this Period

**313.83**

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ARLINGTON COUNTY REPUBLICAN COMMITTEE**

Mailing Address 405 S GLEBE RD

City  
**ARLINGTON**

State  
**VA**

Zip Code  
**22204**

Purpose of Disbursement  
**RENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**11 / 01 / 2015**

**Transaction ID : SB23.I9458**

Amount of Each Disbursement this Period

**332.63**

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ARLINGTON COUNTY REPUBLICAN COMMITTEE**

Mailing Address 405 S GLEBE RD

City  
**ARLINGTON**

State  
**VA**

Zip Code  
**22204**

Purpose of Disbursement  
**RENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**12 / 01 / 2015**

**Transaction ID : SB23.I9932**

Amount of Each Disbursement this Period

**110.88**

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**757.34**

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CONSERVATIVE CONNECTOR, LLC**

Mailing Address P.O. BOX 952

City GRANDVILLE State MI Zip Code 49468

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9020**

Amount of Each Disbursement this Period

44375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CONSERVATIVE CONNECTOR, LLC**

Mailing Address P.O. BOX 952

City GRANDVILLE State MI Zip Code 49468

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

**Transaction ID : SB23.I9514**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CONSERVATIVE CONNECTOR, LLC**

Mailing Address P.O. BOX 952

City GRANDVILLE State MI Zip Code 49468

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I9567**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

47875.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USVI GOP**

Mailing Address P.O. BOX 295

City  
**CHRISTIANSTED**

State  
**VI**

Zip Code  
**00821**

Purpose of Disbursement  
**BALLOT ACCESS FEE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SB23.I10202**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KARIM ADDETIA**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10122**

Amount of Each Disbursement this Period

1363.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KARIM ADDETIA**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10308**

Amount of Each Disbursement this Period

1363.87

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6227.74

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KARIM ADDETIA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9172**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KARIM ADDETIA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9397**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KARIM ADDETIA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9655**

Amount of Each Disbursement this Period

1363.87

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4371.27

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KARIM ADDETIA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9857**

Amount of Each Disbursement this Period

1363.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HELEN AGUIRRE FERRE**

Mailing Address 9824 NE 5TH AVE RD

City State Zip Code  
MIAMI SHORES FL 33138

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I9010**

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HELEN AGUIRRE FERRE**

Mailing Address 9824 NE 5TH AVE RD

City State Zip Code  
MIAMI SHORES FL 33138

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9480**

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

19363.87

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HELEN AGUIRRE FERRE**

Mailing Address 9824 NE 5TH AVE RD

City State Zip Code  
MIAMI SHORES FL 33138

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9949**

Amount of Each Disbursement this Period

8100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTINA AIUTO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10080**

Amount of Each Disbursement this Period

1797.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTINA AIUTO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10267**

Amount of Each Disbursement this Period

1797.92

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11695.84

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTINA AIUTO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/LODGING/GAS/TAXI FARE/CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I10553**

Amount of Each Disbursement this Period

1978.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City State Zip Code  
DALLAS TX 75201

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I21992**

Amount of Each Disbursement this Period

28.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City State Zip Code  
DALLAS TX 75201

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22000**

Amount of Each Disbursement this Period

28.23

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1978.96

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22001

Amount of Each Disbursement this Period

33.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21993

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21994

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVIS**

Mailing Address 6 SYLVAN WAY

City  
PARSIPPANY

State  
NJ

Zip Code  
07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22005

Amount of Each Disbursement this Period

155.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City  
SAN RAMON

State  
CA

Zip Code  
94583

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21990

Amount of Each Disbursement this Period

29.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City  
SAN RAMON

State  
CA

Zip Code  
94583

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21996

Amount of Each Disbursement this Period

30.59

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21997

Amount of Each Disbursement this Period

35.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22002

Amount of Each Disbursement this Period

32.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22003

Amount of Each Disbursement this Period

30.05

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COURTYARD MARRIOTT**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21979

Amount of Each Disbursement this Period

122.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COURTYARD MARRIOTT**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21995

Amount of Each Disbursement this Period

268.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CROWNE PLAZA**

Mailing Address 3 RAVINIA DR. STE 100

City  
ATLANTA

State  
GA

Zip Code  
30346

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21980

Amount of Each Disbursement this Period

108.90

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I21975**

Amount of Each Disbursement this Period

326.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I21999**

Amount of Each Disbursement this Period

39.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I21981**

Amount of Each Disbursement this Period

246.34

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PARTY CITY**

Mailing Address 25 GREEN POND ROAD

City ROCKAWAY State NJ Zip Code 07866

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21987

Amount of Each Disbursement this Period

103.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PARTY CITY**

Mailing Address 25 GREEN POND ROAD

City ROCKAWAY State NJ Zip Code 07866

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21991

Amount of Each Disbursement this Period

65.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22004

Amount of Each Disbursement this Period

27.96

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SPEEDWAY**

Mailing Address P.O. BOX 1500

City  
**SPRINGFIELD**

State  
**OH**

Zip Code  
**45501**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I21989**

Amount of Each Disbursement this Period

34.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SPEEDWAY**

Mailing Address P.O. BOX 1500

City  
**SPRINGFIELD**

State  
**OH**

Zip Code  
**45501**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I21998**

Amount of Each Disbursement this Period

28.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUNOCO**

Mailing Address 97 DARLING AVE

City  
**SOUTH PORTLAND**

State  
**ME**

Zip Code  
**04106**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I21977**

Amount of Each Disbursement this Period

23.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21982

Amount of Each Disbursement this Period

13.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21983

Amount of Each Disbursement this Period

27.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21984

Amount of Each Disbursement this Period

13.46

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21985

Amount of Each Disbursement this Period

12.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21986

Amount of Each Disbursement this Period

6.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City State Zip Code  
DEERFIELD IL 60015

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I21978

Amount of Each Disbursement this Period

6.63

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I21988**

Amount of Each Disbursement this Period

22.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTINA AIUTO**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9121**

Amount of Each Disbursement this Period

1966.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTINA AIUTO**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9344**

Amount of Each Disbursement this Period

1966.30

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3932.60

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. CHRISTINA AIUTO

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9612

Amount of Each Disbursement this Period

1797.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## B. CHRISTINA AIUTO

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9814

Amount of Each Disbursement this Period

1797.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## C. KEATON ALEXANDER

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10124

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4782.44

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10310**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I10503**

Amount of Each Disbursement this Period

103.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I23197**

Amount of Each Disbursement this Period

60.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1290.34

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10719**

Amount of Each Disbursement this Period

685.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23199**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23200**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

685.81

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23201**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23202**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23203**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23204**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23205**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23206**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23207**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23208**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23209**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2822 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23210**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23211**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23212**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2823 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23213**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23214**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23215**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 2824 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23216**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23217**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23218**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 2825 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23219**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23220**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I23221**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I23225

Amount of Each Disbursement this Period

84.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I23226

Amount of Each Disbursement this Period

6.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9174

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1186.60

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 2827 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9399**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9657**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEATON ALEXANDER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9859**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3559.80

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2828 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BETHANY ARONHALT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10062

Amount of Each Disbursement this Period

1501.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BETHANY ARONHALT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10249

Amount of Each Disbursement this Period

1501.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BETHANY ARONHALT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9100

Amount of Each Disbursement this Period

1825.99

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4829.33

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2829 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BETHANY ARONHALT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9323**

Amount of Each Disbursement this Period

1825.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BETHANY ARONHALT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9593**

Amount of Each Disbursement this Period

1501.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BETHANY ARONHALT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9796**

Amount of Each Disbursement this Period

1501.67

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4829.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2830 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10075**

Amount of Each Disbursement this Period

1279.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10262**

Amount of Each Disbursement this Period

1279.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I10597**

Amount of Each Disbursement this Period

592.75

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3152.41

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2831 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I20927**

Amount of Each Disbursement this Period

442.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I20928**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I20929**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2832 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I20930**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I20931**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I20932**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2833 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I20933**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9115**

Amount of Each Disbursement this Period

1407.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9338**

Amount of Each Disbursement this Period

1407.80

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2815.60

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2834 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9606**

Amount of Each Disbursement this Period

1279.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CARSON AVERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9809**

Amount of Each Disbursement this Period

1279.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City State Zip Code  
TRENTON NJ 08608

Purpose of Disbursement  
PER DIEM/GAS/TAXI FARE/AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I10692**

Amount of Each Disbursement this Period

876.37

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3436.03

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21888

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21889

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21890

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21891

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21892

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21893

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2837 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I21894**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I21895**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I21896**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2838 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. CHARLES BADGER

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21897

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. CHARLES BADGER

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21898

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. CHARLES BADGER

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21899

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2839 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21900

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21901

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21902

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21903

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21904

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21905

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2841 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21906

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21907

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21908

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2842 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21909

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21910

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21911

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2843 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES BADGER**

Mailing Address 143 E STATE ST APT 203

City  
TRENTON

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21912

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21887

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City  
AKRON

State  
OH

Zip Code  
44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21883

Amount of Each Disbursement this Period

27.72

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 2844 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City State Zip Code  
FINDLAY OH 45840

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21885

Amount of Each Disbursement this Period

20.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City State Zip Code  
HOUSTON TX 77002

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21882

Amount of Each Disbursement this Period

22.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City State Zip Code  
HOUSTON TX 77002

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I21884

Amount of Each Disbursement this Period

26.56

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JARAD BADGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10110**

Amount of Each Disbursement this Period

1882.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JARAD BADGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10296**

Amount of Each Disbursement this Period

1882.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JARAD BADGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9160**

Amount of Each Disbursement this Period

2064.94

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5830.02

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JARAD BADGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9385**

Amount of Each Disbursement this Period

2064.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JARAD BADGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9643**

Amount of Each Disbursement this Period

1882.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JARAD BADGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9845**

Amount of Each Disbursement this Period

1882.54

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5830.02

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2847 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10089**

Amount of Each Disbursement this Period

1700.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10276**

Amount of Each Disbursement this Period

1700.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
TRAVEL/GAS/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I10689**

Amount of Each Disbursement this Period

311.34

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3711.62

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2848 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22399**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22400**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22401**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2849 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22402**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BP**

Mailing Address 640 SW 9TH ST

City State Zip Code  
DES MOINES IA 50309

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22390**

Amount of Each Disbursement this Period

13.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BP**

Mailing Address 640 SW 9TH ST

City State Zip Code  
DES MOINES IA 50309

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22392**

Amount of Each Disbursement this Period

21.72

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. BP**

Mailing Address 640 SW 9TH ST

City  
**DES MOINES**

State  
**IA**

Zip Code  
**50309**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22393**

Amount of Each Disbursement this Period

7.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BP**

Mailing Address 640 SW 9TH ST

City  
**DES MOINES**

State  
**IA**

Zip Code  
**50309**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22394**

Amount of Each Disbursement this Period

10.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City  
**AKRON**

State  
**OH**

Zip Code  
**44310**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22391**

Amount of Each Disbursement this Period

17.81

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22397

Amount of Each Disbursement this Period

23.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22398

Amount of Each Disbursement this Period

25.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22395

Amount of Each Disbursement this Period

30.93

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2852 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22396**

Amount of Each Disbursement this Period

4.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
CAR RENTAL/PER DIEM/GAS/TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10718**

Amount of Each Disbursement this Period

1091.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I22410**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1091.29

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 2853 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I22411**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City State Zip Code  
AKRON OH 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I22406**

Amount of Each Disbursement this Period

14.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I22407**

Amount of Each Disbursement this Period

15.86

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 2854 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I22409

Amount of Each Disbursement this Period

988.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City FINDLAY State OH Zip Code 45840

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I22408

Amount of Each Disbursement this Period

10.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9131

Amount of Each Disbursement this Period

2064.94

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2064.94

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 2855 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9354**

Amount of Each Disbursement this Period

2064.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9622**

Amount of Each Disbursement this Period

1700.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANE BAHNSEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9824**

Amount of Each Disbursement this Period

1700.14

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5465.22

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10100**

Amount of Each Disbursement this Period

1332.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10286**

Amount of Each Disbursement this Period

1332.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM/RESEARCH

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I10405**

Amount of Each Disbursement this Period

400.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3065.74

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 2857 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22678**

Amount of Each Disbursement this Period

266.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22679**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22680**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2858 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22681

Amount of Each Disbursement this Period

27.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22682

Amount of Each Disbursement this Period

8.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22683

Amount of Each Disbursement this Period

8.52

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/RESEARCH

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I10582**

Amount of Each Disbursement this Period

93.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I22684**

Amount of Each Disbursement this Period

32.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City State Zip Code  
SEATTLE WA 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I22685**

Amount of Each Disbursement this Period

27.27

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

93.82

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9145**

Amount of Each Disbursement this Period

1332.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9369**

Amount of Each Disbursement this Period

1332.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9633**

Amount of Each Disbursement this Period

1332.57

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3997.71

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9835**

Amount of Each Disbursement this Period

1332.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JEREMY BAKER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10299**

Amount of Each Disbursement this Period

1020.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10170**

Amount of Each Disbursement this Period

2028.79

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4382.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10354**

Amount of Each Disbursement this Period

2028.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/MILEAGE REIMBURSEMENT/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I10392**

Amount of Each Disbursement this Period

326.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I24245**

Amount of Each Disbursement this Period

96.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2355.33

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2863 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I24246**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I24247**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I24248**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I24249**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM/GAS/PARKING/FOOD AND  
BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I10588**

Amount of Each Disbursement this Period

355.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I24256**

Amount of Each Disbursement this Period

62.68

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

355.51

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I24257**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I24258**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I24259**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ATLANTIS CASINO RESORT**

Mailing Address 3800 S VIRGINIA ST

City State Zip Code  
**RENO NV 89502**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I24250**

Amount of Each Disbursement this Period

37.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City State Zip Code  
**SEATTLE WA 98134**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I24252**

Amount of Each Disbursement this Period

7.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City State Zip Code  
**SEATTLE WA 98134**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I24260**

Amount of Each Disbursement this Period

3.75

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/FOOD AND BEVERAGE/PARKING/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I10624

Amount of Each Disbursement this Period

499.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I24261

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I24262

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

499.39

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I24263**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I24264**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I24265**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I24266**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I24267**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City State Zip Code  
DALLAS TX 75201

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I24269**

Amount of Each Disbursement this Period

22.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2870 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9228**

Amount of Each Disbursement this Period

2161.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9453**

Amount of Each Disbursement this Period

2161.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9702**

Amount of Each Disbursement this Period

2028.79

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6350.93

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2871 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILFREDO BATISTA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9904**

Amount of Each Disbursement this Period

2028.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC BEARSE**

Mailing Address 823 CONGRESS AVE STE 1300

City State Zip Code  
AUSTIN TX 78701

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9265**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ALLISON BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10057**

Amount of Each Disbursement this Period

1437.21

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

8466.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2872 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALLISON BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10244**

Amount of Each Disbursement this Period

1437.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALLISON BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9587**

Amount of Each Disbursement this Period

707.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ALLISON BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9790**

Amount of Each Disbursement this Period

1437.21

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3582.40

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2873 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10077

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10264

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/PARKING/AIRFARE/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I10664

Amount of Each Disbursement this Period

902.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3545.44

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2874 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21916**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21917**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21918**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21919**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21920**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21921**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I21922

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I21923

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I21924

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2877 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21925**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21926**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21927**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2878 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21928**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21929**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21930**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 2879 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21947**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21948**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21949**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21950**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21951**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21952**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2881 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21953**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21954**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21945**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 2882 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21946**

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21933**

Amount of Each Disbursement this Period

26.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21940**

Amount of Each Disbursement this Period

25.48

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I21955

Amount of Each Disbursement this Period

10.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I21942

Amount of Each Disbursement this Period

25.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I21943

Amount of Each Disbursement this Period

7.62

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I21932**

Amount of Each Disbursement this Period

17.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9118**

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9341**

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2643.44

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9609

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHESTER BEDELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9811

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10098

Amount of Each Disbursement this Period

2008.83

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4652.27

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10284**

Amount of Each Disbursement this Period

2008.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/LODGING/TAXI FARE/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I10427**

Amount of Each Disbursement this Period

516.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22621**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2525.27

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22622**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22623**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22624**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22625**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22626**

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22632**

Amount of Each Disbursement this Period

166.88

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I22627

Amount of Each Disbursement this Period

8.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I22628

Amount of Each Disbursement this Period

11.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I22629

Amount of Each Disbursement this Period

32.02

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22630**

Amount of Each Disbursement this Period

5.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22631**

Amount of Each Disbursement this Period

7.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I10688**

Amount of Each Disbursement this Period

721.40

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

721.40

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22644**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22645**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22646**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2892 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22647**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22648**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22649**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22650**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22651**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22652**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 2894 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22653**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22654**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22636**

Amount of Each Disbursement this Period

19.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22637

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22633

Amount of Each Disbursement this Period

29.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22634

Amount of Each Disbursement this Period

57.58

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22635

Amount of Each Disbursement this Period

8.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22638

Amount of Each Disbursement this Period

9.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22639

Amount of Each Disbursement this Period

24.83

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 2897 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22640**

Amount of Each Disbursement this Period

9.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22641**

Amount of Each Disbursement this Period

9.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22642**

Amount of Each Disbursement this Period

48.99

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 2898 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22643**

Amount of Each Disbursement this Period

5.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22655**

Amount of Each Disbursement this Period

8.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9143**

Amount of Each Disbursement this Period

2766.51

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2766.51

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 2899 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9367**

Amount of Each Disbursement this Period

2766.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9631**

Amount of Each Disbursement this Period

2008.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMILY BENAVIDES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9833**

Amount of Each Disbursement this Period

2008.83

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6784.17

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KIM BERTRON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

**Transaction ID : SB23.I10437**

Amount of Each Disbursement this Period

364.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

**Transaction ID : SB23.I23437**

Amount of Each Disbursement this Period

364.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KIM BERTRON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9178**

Amount of Each Disbursement this Period

2025.94

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2390.04

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KIM BERTRON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9403**

Amount of Each Disbursement this Period

2797.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JONATHAN BIELER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10118**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JONATHAN BIELER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10305**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5120.55

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JONATHAN BIELER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9168**

Amount of Each Disbursement this Period

1220.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JONATHAN BIELER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9393**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JONATHAN BIELER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9651**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3543.41

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JONATHAN BIELER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9853**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANDREW BIEMER**

Mailing Address 479 N STATE STREET, UNIT H

City State Zip Code  
CONCORD NH 03301

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I10430**

Amount of Each Disbursement this Period

80.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City State Zip Code  
HOUSTON TX 77002

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I20458**

Amount of Each Disbursement this Period

38.79

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1241.89

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I20459**

Amount of Each Disbursement this Period

26.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANDREW BIEMER**

Mailing Address 479 N STATE STREET, UNIT H

City  
CONCORD

State  
NH

Zip Code  
03301

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10536**

Amount of Each Disbursement this Period

110.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City  
IRVING

State  
TX

Zip Code  
75039

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I20461**

Amount of Each Disbursement this Period

42.33

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

110.87

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I20462

Amount of Each Disbursement this Period

36.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUNOCO**

Mailing Address 97 DARLING AVE

City  
SOUTH PORTLAND

State  
ME

Zip Code  
04106

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I20463

Amount of Each Disbursement this Period

32.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANDREW BIEMER**

Mailing Address 479 N STATE STREET, UNIT H

City  
CONCORD

State  
NH

Zip Code  
03301

Purpose of Disbursement  
GAS/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10733

Amount of Each Disbursement this Period

185.02

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

185.02

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I20468

Amount of Each Disbursement this Period

25.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I20464

Amount of Each Disbursement this Period

40.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I20467

Amount of Each Disbursement this Period

27.62

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMDEN BISSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I10404**

Amount of Each Disbursement this Period

174.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMDEN BISSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I20818**

Amount of Each Disbursement this Period

174.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMDEN BISSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9111**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1335.83

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMDEN BISSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9334**

Amount of Each Disbursement this Period

450.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10156**

Amount of Each Disbursement this Period

1323.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/LODGING/INTERNET SERVICE/PARKING/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I10400**

Amount of Each Disbursement this Period

1729.03

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3502.48

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I24055**

Amount of Each Disbursement this Period

442.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I24058**

Amount of Each Disbursement this Period

7.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I24061**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I24072**

Amount of Each Disbursement this Period

19.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I24057**

Amount of Each Disbursement this Period

7.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I24063**

Amount of Each Disbursement this Period

95.57

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24083

Amount of Each Disbursement this Period

28.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24048

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24049

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24051

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24052

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24056

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24060

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24064

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24065

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24066

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24068

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24069

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24070

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24073

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24077

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City  
ATLANTA

State  
GA

Zip Code  
30346

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24076

Amount of Each Disbursement this Period

363.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24062

Amount of Each Disbursement this Period

13.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24079

Amount of Each Disbursement this Period

33.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24084

Amount of Each Disbursement this Period

33.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24086

Amount of Each Disbursement this Period

33.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24087

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I24082**

Amount of Each Disbursement this Period

32.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City  
WEST PALM BEACH

State  
FL

Zip Code  
33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I24071**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I24067**

Amount of Each Disbursement this Period

19.67

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24085

Amount of Each Disbursement this Period

24.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB--NY**

Mailing Address 180 GREENPOINT AVE

City State Zip Code  
BROOKLYN NY 11222

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I24074

Amount of Each Disbursement this Period

49.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I10514

Amount of Each Disbursement this Period

661.38

☐ Memo Item

Subtotal Of Receipts This Page (optional)..... 661.38

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24100**

Amount of Each Disbursement this Period

322.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24096**

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24094**

Amount of Each Disbursement this Period

29.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24093**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24097**

Amount of Each Disbursement this Period

4.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24098**

Amount of Each Disbursement this Period

25.29

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I24099

Amount of Each Disbursement this Period

6.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I24095

Amount of Each Disbursement this Period

41.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PARKING/TAXI FARE/PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I10539

Amount of Each Disbursement this Period

503.70

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

503.70

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24102

Amount of Each Disbursement this Period

13.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City State Zip Code  
TALLAHASSEE FL 32310

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24103

Amount of Each Disbursement this Period

26.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City State Zip Code  
TALLAHASSEE FL 32310

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24104

Amount of Each Disbursement this Period

13.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24107

Amount of Each Disbursement this Period

44.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WYNDHAM HOTEL GROUPS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24101

Amount of Each Disbursement this Period

293.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB--MIAMI**

Mailing Address 1201 NW LE JEUNE RD

City  
MIAMI

State  
FL

Zip Code  
33126

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24105

Amount of Each Disbursement this Period

46.01

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB--MIAMI**

Mailing Address 1201 NW LE JEUNE RD

City State Zip Code  
MIAMI FL 33126

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24108**

Amount of Each Disbursement this Period

40.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
INTERNET SERVICE/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I10602**

Amount of Each Disbursement this Period

386.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I24109**

Amount of Each Disbursement this Period

2.95

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

386.81

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24110

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24111

Amount of Each Disbursement this Period

14.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24112

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I24113**

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I24114**

Amount of Each Disbursement this Period

8.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I24116**

Amount of Each Disbursement this Period

19.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24117

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24118

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24121

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24122

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24125

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24126

Amount of Each Disbursement this Period

13.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24127

Amount of Each Disbursement this Period

15.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24128

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City State Zip Code  
TALLAHASSEE FL 32310

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24119

Amount of Each Disbursement this Period

13.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24123

Amount of Each Disbursement this Period

13.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24130

Amount of Each Disbursement this Period

13.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City  
WEST PALM BEACH

State  
FL

Zip Code  
33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24124

Amount of Each Disbursement this Period

21.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I24131**

Amount of Each Disbursement this Period

6.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB--MIAMI**

Mailing Address 1201 NW LE JEUNE RD

City  
MIAMI

State  
FL

Zip Code  
33126

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I24120**

Amount of Each Disbursement this Period

25.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
TAXI FARE/INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I10701**

Amount of Each Disbursement this Period

96.96

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

96.96

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24132

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24134

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24135

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24138

Amount of Each Disbursement this Period

19.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24136

Amount of Each Disbursement this Period

5.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24137

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24139

Amount of Each Disbursement this Period

11.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB CO.**

Mailing Address 86 GRANBY ST

City State Zip Code  
BLOOMFIELD CT 06002

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24133

Amount of Each Disbursement this Period

27.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9212

Amount of Each Disbursement this Period

5672.66

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5672.66

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9437**

Amount of Each Disbursement this Period

3649.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9688**

Amount of Each Disbursement this Period

3649.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SALLY BRADSHAW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9891**

Amount of Each Disbursement this Period

3649.47

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10948.41

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CATHERINE BRADY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9116**

Amount of Each Disbursement this Period

1462.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CATHERINE BRADY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9339**

Amount of Each Disbursement this Period

1462.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CATHERINE BRADY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9607**

Amount of Each Disbursement this Period

1462.03

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4386.09

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALEXANDRA BRANDENBURGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10056**

Amount of Each Disbursement this Period

2640.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALEXANDRA BRANDENBURGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10243**

Amount of Each Disbursement this Period

2640.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ALEXANDRA BRANDENBURGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9092**

Amount of Each Disbursement this Period

2906.81

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8187.25

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALEXANDRA BRANDENBURGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9315**

Amount of Each Disbursement this Period

2766.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALEXANDRA BRANDENBURGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9586**

Amount of Each Disbursement this Period

2640.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ALEXANDRA BRANDENBURGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9789**

Amount of Each Disbursement this Period

2640.22

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8046.95

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KRISTI BROGHAMER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10127**

Amount of Each Disbursement this Period

3221.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KRISTI BROGHAMER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10313**

Amount of Each Disbursement this Period

3221.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KRISTI BROGHAMER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9179**

Amount of Each Disbursement this Period

3541.07

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

9983.37

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KRISTI BROGHAMER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9404**

Amount of Each Disbursement this Period

3541.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KRISTI BROGHAMER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9660**

Amount of Each Disbursement this Period

3221.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KRISTI BROGHAMER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9862**

Amount of Each Disbursement this Period

3221.15

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

9983.37

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10064**

Amount of Each Disbursement this Period

3031.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10251**

Amount of Each Disbursement this Period

3031.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PER DIEM/TAXI FARE/SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10378**

Amount of Each Disbursement this Period

747.90

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6811.38

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20591

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20592

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20593

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20594**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20595**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20597**

Amount of Each Disbursement this Period

100.18

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOTEL ST. MICHEL**

Mailing Address 162 ALCAZAR AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20602

Amount of Each Disbursement this Period

224.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City MIAMI State FL Zip Code 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20596

Amount of Each Disbursement this Period

21.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICROSOFT**

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20598

Amount of Each Disbursement this Period

6.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20599

Amount of Each Disbursement this Period

11.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20603

Amount of Each Disbursement this Period

29.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB--MIAMI**

Mailing Address 1201 NW LE JEUNE RD

City State Zip Code  
MIAMI FL 33126

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20601

Amount of Each Disbursement this Period

38.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20604

Amount of Each Disbursement this Period

52.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9102

Amount of Each Disbursement this Period

3345.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9325

Amount of Each Disbursement this Period

3345.67

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6691.34

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9595**

Amount of Each Disbursement this Period

3031.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRANDI L BROWN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9798**

Amount of Each Disbursement this Period

3031.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10130**

Amount of Each Disbursement this Period

3016.64

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

9080.12

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10316**

Amount of Each Disbursement this Period

3016.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
TAXI FARE/FOOD AND BEVERAGE/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10380**

Amount of Each Disbursement this Period

610.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23465**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3627.18

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23466**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23467**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23468**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2951 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23469**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23464**

Amount of Each Disbursement this Period

34.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THERAPY RESTAURANT**

Mailing Address 518 FREMONT ST

City State Zip Code  
LAS VEGAS NV 89101

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23463**

Amount of Each Disbursement this Period

173.29

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 2952 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23458

Amount of Each Disbursement this Period

14.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23459

Amount of Each Disbursement this Period

28.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23460

Amount of Each Disbursement this Period

18.44

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2953 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I10502**

Amount of Each Disbursement this Period

367.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I23470**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I23471**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

367.88

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I23472**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I23473**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I23480**

Amount of Each Disbursement this Period

19.95

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 2955 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I23481**

Amount of Each Disbursement this Period

21.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I23474**

Amount of Each Disbursement this Period

13.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I23475**

Amount of Each Disbursement this Period

18.44

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2956 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I23477

Amount of Each Disbursement this Period

35.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I23478

Amount of Each Disbursement this Period

13.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9182

Amount of Each Disbursement this Period

3311.57

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3311.57

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9407**

Amount of Each Disbursement this Period

3311.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9663**

Amount of Each Disbursement this Period

3016.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN BRYAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9865**

Amount of Each Disbursement this Period

3016.64

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**..... 9344.85

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2958 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LUKE BULLOCK**

Mailing Address 1300 E RIVERSIDE DR. APT C405

City State Zip Code  
AUSTIN TX 78741

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/LODGING/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I10487

Amount of Each Disbursement this Period

412.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LUKE BULLOCK**

Mailing Address 1300 E RIVERSIDE DR. APT C405

City State Zip Code  
AUSTIN TX 78741

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23547

Amount of Each Disbursement this Period

189.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LUKE BULLOCK**

Mailing Address 1300 E RIVERSIDE DR. APT C405

City State Zip Code  
AUSTIN TX 78741

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23548

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

412.60

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 2959 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23545

Amount of Each Disbursement this Period

147.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CARTER BUNDY**

Mailing Address 1832 W HOUSTONIA AVE

City State Zip Code  
ROYAL OAK MI 48703

Purpose of Disbursement  
EVENT PLANNING CONSULTING/LOGISTICS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8945

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GEORGE P. BUSH**

Mailing Address P.O. BOX 161002

City State Zip Code  
AUSTIN TX 78716

Purpose of Disbursement  
LODGING/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

Transaction ID : SB23.I10464

Amount of Each Disbursement this Period

764.13

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5764.13

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FAIRMONT HOTEL**

Mailing Address 155 WELLINGTON ST W, STE 3300

City  
TORONTO

State  
ON

Zip Code  
99999

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I22745**

Amount of Each Disbursement this Period

543.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHERATON**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I22747**

Amount of Each Disbursement this Period

169.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I22746**

Amount of Each Disbursement this Period

10.84

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KEVIN CABRERA**

Mailing Address 12868 SW 60 ST

City State Zip Code  
MIAMI FL 33183

Purpose of Disbursement  
PRINTING/FOOD AND BEVERAGE/PHONE SERVICE/GAS/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I10397**

Amount of Each Disbursement this Period

3091.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BATCH GASTROPUB**

Mailing Address 30 SW 12 ST

City State Zip Code  
MIAMI FL 33130

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23239**

Amount of Each Disbursement this Period

12.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23234**

Amount of Each Disbursement this Period

50.29

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3091.80

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CVS**

Mailing Address 1 CVS DR.

City  
WOONSOCKET

State  
RI

Zip Code  
02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23241

Amount of Each Disbursement this Period

3.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOLLAR GENERAL**

Mailing Address 100 MISSION RIDGE

City  
GOODLETTSVILLE

State  
TN

Zip Code  
37072

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23231

Amount of Each Disbursement this Period

26.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOLLAR GENERAL**

Mailing Address 100 MISSION RIDGE

City  
GOODLETTSVILLE

State  
TN

Zip Code  
37072

Purpose of Disbursement  
OFFICE SUPPLIES/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23238

Amount of Each Disbursement this Period

25.89

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOLLAR GENERAL**

Mailing Address 100 MISSION RIDGE

City State Zip Code  
GOODLETTSVILLE TN 37072

Purpose of Disbursement  
FOOD AND BEVERAGE/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23244

Amount of Each Disbursement this Period

22.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOLLAR GENERAL**

Mailing Address 100 MISSION RIDGE

City State Zip Code  
GOODLETTSVILLE TN 37072

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23252

Amount of Each Disbursement this Period

37.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23250

Amount of Each Disbursement this Period

51.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23228**

Amount of Each Disbursement this Period

51.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23229**

Amount of Each Disbursement this Period

46.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23258**

Amount of Each Disbursement this Period

19.28

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GRAPH INK**

Mailing Address 9035 NW 13TH TERRACE

City DORAL State FL Zip Code 33172

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23227**

Amount of Each Disbursement this Period

300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23235**

Amount of Each Disbursement this Period

18.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23236**

Amount of Each Disbursement this Period

119.72

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23245

Amount of Each Disbursement this Period

25.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23246

Amount of Each Disbursement this Period

108.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23257

Amount of Each Disbursement this Period

275.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. METRO PCS**

Mailing Address P.O. BOX 601119

City DALLAS State TX Zip Code 75360

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23267

Amount of Each Disbursement this Period

150.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. METRO PCS**

Mailing Address P.O. BOX 601119

City DALLAS State TX Zip Code 75360

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23268

Amount of Each Disbursement this Period

186.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI CLEANING SUPPLIES**

Mailing Address 12782 SW 65TH TERRACE

City MIAMI State FL Zip Code 33183

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23275

Amount of Each Disbursement this Period

150.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MINUTEMAN PRESS**

Mailing Address 61 EXECUTIVE BLVD

City FLAMINGDALE State NY Zip Code 11735

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23261

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUPER PIZZERIA**

Mailing Address 2255 SW 32ND AVE

City MIAMI State FL Zip Code 33145

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23270

Amount of Each Disbursement this Period

93.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
FOOD AND BEVERAGE/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23263

Amount of Each Disbursement this Period

21.89

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23230**

Amount of Each Disbursement this Period

15.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23237**

Amount of Each Disbursement this Period

3.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23243**

Amount of Each Disbursement this Period

5.82

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23247

Amount of Each Disbursement this Period

5.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23249

Amount of Each Disbursement this Period

5.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I23253

Amount of Each Disbursement this Period

11.13

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23259**

Amount of Each Disbursement this Period

535.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23260**

Amount of Each Disbursement this Period

4.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23265**

Amount of Each Disbursement this Period

4.03

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23254**

Amount of Each Disbursement this Period

22.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I23264**

Amount of Each Disbursement this Period

241.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KEVIN CABRERA**

Mailing Address 12868 SW 60 ST

City  
**MIAMI**

State  
**FL**

Zip Code  
**33183**

Purpose of Disbursement  
**FOOD AND BEVERAGE/GAS/PARKING/PHONE SERVICE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I10549**

Amount of Each Disbursement this Period

1446.32

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1446.32

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23283

Amount of Each Disbursement this Period

6.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23287

Amount of Each Disbursement this Period

47.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23308

Amount of Each Disbursement this Period

55.83

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City  
**SAN RAMON**

State  
**CA**

Zip Code  
**94583**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I23321**

Amount of Each Disbursement this Period

49.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30349**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I23329**

Amount of Each Disbursement this Period

39.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOLLAR GENERAL**

Mailing Address 100 MISSION RIDGE

City  
**GOODLETTSVILLE**

State  
**TN**

Zip Code  
**37072**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I23288**

Amount of Each Disbursement this Period

49.41

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOLLAR GENERAL**

Mailing Address 100 MISSION RIDGE

City State Zip Code  
GOODLETTSVILLE TN 37072

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23300

Amount of Each Disbursement this Period

31.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOLLAR GENERAL**

Mailing Address 100 MISSION RIDGE

City State Zip Code  
GOODLETTSVILLE TN 37072

Purpose of Disbursement  
FOOD AND BEVERAGE/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23310

Amount of Each Disbursement this Period

16.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOLLAR GENERAL**

Mailing Address 100 MISSION RIDGE

City State Zip Code  
GOODLETTSVILLE TN 37072

Purpose of Disbursement  
FOOD AND BEVERAGE/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23312

Amount of Each Disbursement this Period

12.35

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23317

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City CANTON State MA Zip Code 02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23291

Amount of Each Disbursement this Period

10.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. METRO PCS**

Mailing Address P.O. BOX 601119

City DALLAS State TX Zip Code 75360

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23319

Amount of Each Disbursement this Period

150.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI CLEANING SUPPLIES**

Mailing Address 12782 SW 65TH TERRACE

City State Zip Code  
MIAMI FL 33183

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23292

Amount of Each Disbursement this Period

150.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MINUTEMAN PRESS**

Mailing Address 61 EXECUTIVE BLVD

City State Zip Code  
FLAMINGDALE NY 11735

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23299

Amount of Each Disbursement this Period

125.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MINUTEMAN PRESS**

Mailing Address 61 EXECUTIVE BLVD

City State Zip Code  
FLAMINGDALE NY 11735

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23306

Amount of Each Disbursement this Period

38.46

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PIZZA RANCH**

Mailing Address 1709 N JEFFERSON WAY

City  
INDIANOLA

State  
IA

Zip Code  
50125

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23290

Amount of Each Disbursement this Period

16.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUPER PIZZERIA**

Mailing Address 2255 SW 32ND AVE

City  
MIAMI

State  
FL

Zip Code  
33145

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23293

Amount of Each Disbursement this Period

19.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER PIZZERIA**

Mailing Address 2255 SW 32ND AVE

City  
MIAMI

State  
FL

Zip Code  
33145

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23315

Amount of Each Disbursement this Period

45.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUPER PIZZERIA**

Mailing Address 2255 SW 32ND AVE

City State Zip Code  
MIAMI FL 33145

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23318

Amount of Each Disbursement this Period

16.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE GLOBE CAFE & BAR**

Mailing Address 377 ALHAMBRA CIRCLE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23320

Amount of Each Disbursement this Period

20.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23276

Amount of Each Disbursement this Period

4.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I23297**

Amount of Each Disbursement this Period

16.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I23303**

Amount of Each Disbursement this Period

37.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I23307**

Amount of Each Disbursement this Period

7.58

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23311

Amount of Each Disbursement this Period

4.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23313

Amount of Each Disbursement this Period

4.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City State Zip Code  
DEERFIELD IL 60015

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I23316

Amount of Each Disbursement this Period

55.45

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KEVIN CABRERA**

Mailing Address 12868 SW 60 ST

City State Zip Code  
MIAMI FL 33183

Purpose of Disbursement  
FOOD AND BEVERAGE/GAS/PARKING/UTILITIES/CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I10657**

Amount of Each Disbursement this Period

2923.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23335**

Amount of Each Disbursement this Period

51.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code  
SAN RAMON CA 94583

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23337**

Amount of Each Disbursement this Period

45.91

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2923.51

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City  
CANTON

State  
MA

Zip Code  
02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23334

Amount of Each Disbursement this Period

45.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City  
IRVING

State  
TX

Zip Code  
75039

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23366

Amount of Each Disbursement this Period

51.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City  
FINDLAY

State  
OH

Zip Code  
45840

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23350

Amount of Each Disbursement this Period

48.86

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City State Zip Code  
FINDLAY OH 45840

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23374

Amount of Each Disbursement this Period

52.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. METRO PCS**

Mailing Address P.O. BOX 601119

City State Zip Code  
DALLAS TX 75360

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23323

Amount of Each Disbursement this Period

150.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI CLEANING SUPPLIES**

Mailing Address 12782 SW 65TH TERRACE

City State Zip Code  
MIAMI FL 33183

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23382

Amount of Each Disbursement this Period

150.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MINUTEMAN PRESS**

Mailing Address 61 EXECUTIVE BLVD

City  
**FLAMINGDALE**

State  
**NY**

Zip Code  
**11735**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23324**

Amount of Each Disbursement this Period

802.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23364**

Amount of Each Disbursement this Period

45.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER PIZZERIA**

Mailing Address 2255 SW 32ND AVE

City  
**MIAMI**

State  
**FL**

Zip Code  
**33145**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23339**

Amount of Each Disbursement this Period

52.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUPER PIZZERIA**

Mailing Address 2255 SW 32ND AVE

City State Zip Code  
MIAMI FL 33145

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23351

Amount of Each Disbursement this Period

16.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUPER PIZZERIA**

Mailing Address 2255 SW 32ND AVE

City State Zip Code  
MIAMI FL 33145

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23357

Amount of Each Disbursement this Period

36.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE GLOBE CAFE & BAR**

Mailing Address 377 ALHAMBRA CIRCLE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23345

Amount of Each Disbursement this Period

12.96

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23332**

Amount of Each Disbursement this Period

9.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23333**

Amount of Each Disbursement this Period

10.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23340**

Amount of Each Disbursement this Period

4.28

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23348**

Amount of Each Disbursement this Period

128.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23352**

Amount of Each Disbursement this Period

6.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23356**

Amount of Each Disbursement this Period

8.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23360

Amount of Each Disbursement this Period

5.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23368

Amount of Each Disbursement this Period

7.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23373

Amount of Each Disbursement this Period

4.29

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERSAILLES BAKERY**

Mailing Address 3501 SW 8TH ST

City State Zip Code  
MIAMI FL 33135

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23376

Amount of Each Disbursement this Period

11.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23336

Amount of Each Disbursement this Period

40.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
FOOD AND BEVERAGE/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23353

Amount of Each Disbursement this Period

79.34

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KELSEY CAMPBELL**

Mailing Address 33 GOLD ST APT 614

City  
NEW YORK

State  
NY

Zip Code  
10038

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SB23.I9300**

Amount of Each Disbursement this Period

1700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KRISTY CAMPBELL**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10128**

Amount of Each Disbursement this Period

3773.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KRISTY CAMPBELL**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10314**

Amount of Each Disbursement this Period

3889.94

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

9363.74

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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PAGE 2992 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KRISTY CAMPBELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I10563**

Amount of Each Disbursement this Period

503.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23438**

Amount of Each Disbursement this Period

29.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23439**

Amount of Each Disbursement this Period

7.41

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

503.35

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 2993 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23440

Amount of Each Disbursement this Period

26.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23441

Amount of Each Disbursement this Period

4.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23442

Amount of Each Disbursement this Period

26.04

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23443

Amount of Each Disbursement this Period

13.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23444

Amount of Each Disbursement this Period

124.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23445

Amount of Each Disbursement this Period

23.31

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23446**

Amount of Each Disbursement this Period

22.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23447**

Amount of Each Disbursement this Period

4.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23448**

Amount of Each Disbursement this Period

10.54

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23449

Amount of Each Disbursement this Period

117.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23450

Amount of Each Disbursement this Period

14.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23451

Amount of Each Disbursement this Period

12.09

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23452

Amount of Each Disbursement this Period

21.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23453

Amount of Each Disbursement this Period

13.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23454

Amount of Each Disbursement this Period

31.42

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KRISTY CAMPBELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9180**

Amount of Each Disbursement this Period

4131.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KRISTY CAMPBELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9405**

Amount of Each Disbursement this Period

3938.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KRISTY CAMPBELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9661**

Amount of Each Disbursement this Period

3571.88

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

11642.29

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KRISTY CAMPBELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9863**

Amount of Each Disbursement this Period

3571.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. QUENTIN CANTU**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10148**

Amount of Each Disbursement this Period

2513.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. QUENTIN CANTU**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10334**

Amount of Each Disbursement this Period

2513.95

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8599.78

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. QUENTIN CANTU**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8990**

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. QUENTIN CANTU**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9205**

Amount of Each Disbursement this Period

2766.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. QUENTIN CANTU**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9430**

Amount of Each Disbursement this Period

2766.51

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

9283.02

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. QUENTIN CANTU**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9680**

Amount of Each Disbursement this Period

2513.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. QUENTIN CANTU**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9883**

Amount of Each Disbursement this Period

2513.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10162**

Amount of Each Disbursement this Period

2752.62

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7780.52

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10347**

Amount of Each Disbursement this Period

2752.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10541**

Amount of Each Disbursement this Period

214.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24159**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2966.62

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24160**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24161**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24162**

Amount of Each Disbursement this Period

49.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9219**

Amount of Each Disbursement this Period

3185.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9444**

Amount of Each Disbursement this Period

3185.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9694**

Amount of Each Disbursement this Period

2752.62

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

9123.72

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. STEPHANIE CARLTON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9896**

Amount of Each Disbursement this Period

2752.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10074**

Amount of Each Disbursement this Period

975.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10261**

Amount of Each Disbursement this Period

975.87

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4704.36

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/FOOD AND BEVERAGE/PAPER/OFFICE  
SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I10509**

Amount of Each Disbursement this Period

1713.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I20914**

Amount of Each Disbursement this Period

430.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I20915**

Amount of Each Disbursement this Period

804.77

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1713.91

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOLLAR GENERAL**

Mailing Address 100 MISSION RIDGE

City State Zip Code  
GOODLETTSVILLE TN 37072

Purpose of Disbursement  
FOOD AND BEVERAGE/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I20910

Amount of Each Disbursement this Period

33.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LOWES**

Mailing Address 222 S RIVER RD

City State Zip Code  
BEDFORD NH 03110

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I20912

Amount of Each Disbursement this Period

174.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I20911

Amount of Each Disbursement this Period

87.91

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/FOOD AND BEVERAGE/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I10649**

Amount of Each Disbursement this Period

1005.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20916**

Amount of Each Disbursement this Period

736.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City State Zip Code  
CANTON MA 02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20919**

Amount of Each Disbursement this Period

35.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1005.92

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PANERA BREAD**

Mailing Address 10061 W FLAGLER ST

City State Zip Code  
MIAMI FL 33174

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I20917

Amount of Each Disbursement this Period

92.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I20918

Amount of Each Disbursement this Period

31.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9114

Amount of Each Disbursement this Period

975.87

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

975.87

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9337**

Amount of Each Disbursement this Period

975.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9605**

Amount of Each Disbursement this Period

975.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CANDACE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9808**

Amount of Each Disbursement this Period

975.87

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2927.61

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10107**

Amount of Each Disbursement this Period

3187.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10293**

Amount of Each Disbursement this Period

3187.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PHONE SERVICE/PER DIEM/SECURITY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I10423**

Amount of Each Disbursement this Period

1112.21

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7486.49

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22834**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22835**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22836**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22837**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22838**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22839**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22840**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22841**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22842**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22843**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address 208 S AKARD ST

City State Zip Code  
DALLAS TX 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22833**

Amount of Each Disbursement this Period

401.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MANCHESTER POLICE DEPARTMENT**

Mailing Address 405 VALLEY ST

City State Zip Code  
MANCHESTER NH 03103

Purpose of Disbursement  
SECURITY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22832**

Amount of Each Disbursement this Period

221.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I10458**

Amount of Each Disbursement this Period

1096.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22845**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22846**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1096.10

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22847**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22848**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22849**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22850**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22851**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22852**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22853**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22854**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I22844**

Amount of Each Disbursement this Period

586.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/AIRFARE/PHONE SERVICE/TRANSPORTATION/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I10694**

Amount of Each Disbursement this Period

2132.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22861**

Amount of Each Disbursement this Period

362.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22862**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2132.36

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22863**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22864**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22865**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22866**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22867**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22868**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22869**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22870**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22871**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22872**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22873**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22874**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22875**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22876**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22877**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22878**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22879**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22880**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22881**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22882**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22883**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 3028 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22856**

Amount of Each Disbursement this Period

141.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22860**

Amount of Each Disbursement this Period

198.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22857**

Amount of Each Disbursement this Period

551.81

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB CO.**

Mailing Address 86 GRANBY ST

City  
BLOOMFIELD

State  
CT

Zip Code  
06002

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I22859

Amount of Each Disbursement this Period

28.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9158

Amount of Each Disbursement this Period

3506.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9382

Amount of Each Disbursement this Period

3506.21

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7012.42

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3030 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9640**

Amount of Each Disbursement this Period

3187.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMIE CARROLL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9842**

Amount of Each Disbursement this Period

3187.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LUKE CARTER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10134**

Amount of Each Disbursement this Period

1533.90

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7908.18

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3031 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LUKE CARTER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10320**

Amount of Each Disbursement this Period

1533.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LUKE CARTER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9188**

Amount of Each Disbursement this Period

1685.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LUKE CARTER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9413**

Amount of Each Disbursement this Period

1685.67

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4905.24

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3032 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LUKE CARTER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9667**

Amount of Each Disbursement this Period

1533.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LUKE CARTER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9869**

Amount of Each Disbursement this Period

1533.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10167**

Amount of Each Disbursement this Period

1066.98

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4134.78

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10352**

Amount of Each Disbursement this Period

1066.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10542**

Amount of Each Disbursement this Period

340.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24205**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1407.18

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24207**

Amount of Each Disbursement this Period

121.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24208**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24209**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24210**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9224**

Amount of Each Disbursement this Period

1087.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9449**

Amount of Each Disbursement this Period

1087.98

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2175.96

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 3036 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9699**

Amount of Each Disbursement this Period

1066.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TONY CASTAGNO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9901**

Amount of Each Disbursement this Period

1066.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JANE CHERRY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10109**

Amount of Each Disbursement this Period

2261.39

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4395.35

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3037 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JANE CHERRY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10295**

Amount of Each Disbursement this Period

2261.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JANE CHERRY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9159**

Amount of Each Disbursement this Period

2766.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JANE CHERRY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9384**

Amount of Each Disbursement this Period

2766.51

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7794.41

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JANE CHERRY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9642**

Amount of Each Disbursement this Period

2261.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JANE CHERRY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9844**

Amount of Each Disbursement this Period

2261.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT CHERSI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10150**

Amount of Each Disbursement this Period

1162.43

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5685.21

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ROBERT CHERSI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10336**

Amount of Each Disbursement this Period

1162.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT CHERSI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9682**

Amount of Each Disbursement this Period

569.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERT CHERSI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9885**

Amount of Each Disbursement this Period

1162.43

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2894.70

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JAMES CHUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/LODGING/TAXI FARE/FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I10399**

Amount of Each Disbursement this Period

3231.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AIRBNB**

Mailing Address 888 BRANNAN ST STE 400

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I22812**

Amount of Each Disbursement this Period

470.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I22813**

Amount of Each Disbursement this Period

62.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3231.94

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I22815**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I22816**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I22817**

Amount of Each Disbursement this Period

396.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I22820**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I22821**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXPEDIA INC.**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
AIRFARE/LODGING/CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I22811**

Amount of Each Disbursement this Period

1981.46

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I22819

Amount of Each Disbursement this Period

29.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LYFT**

Mailing Address 548 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94104

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I22814

Amount of Each Disbursement this Period

84.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JAMES CHUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/AIRFARE/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10454

Amount of Each Disbursement this Period

1596.25

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1596.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AIRBNB**

Mailing Address 888 BRANNAN ST STE 400

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I22823

Amount of Each Disbursement this Period

747.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AIRBNB**

Mailing Address 888 BRANNAN ST STE 400

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I22825

Amount of Each Disbursement this Period

-549.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I22824

Amount of Each Disbursement this Period

248.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I22822

Amount of Each Disbursement this Period

1118.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I22826

Amount of Each Disbursement this Period

31.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JAMES CHUNG**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
AIRFARE/CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I10511

Amount of Each Disbursement this Period

1391.97

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1391.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22827**

Amount of Each Disbursement this Period

676.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22828**

Amount of Each Disbursement this Period

332.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22829**

Amount of Each Disbursement this Period

145.64

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22830**

Amount of Each Disbursement this Period

70.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BUDGET CAR RENTAL**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22831**

Amount of Each Disbursement this Period

167.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JAMES CHUNG**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9157**

Amount of Each Disbursement this Period

5341.86

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5341.86

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JAMES CHUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9381**

Amount of Each Disbursement this Period

5341.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTINE CICCONE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FOOD AND BEVERAGE/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

**Transaction ID : SB23.I10435**

Amount of Each Disbursement this Period

89.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

**Transaction ID : SB23.I22011**

Amount of Each Disbursement this Period

14.57

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

5431.77

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I22012

Amount of Each Disbursement this Period

13.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I22013

Amount of Each Disbursement this Period

35.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTINE CICCONE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9123

Amount of Each Disbursement this Period

5944.63

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5944.63

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHRISTINE CICCONO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9346**

Amount of Each Disbursement this Period

6457.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINE CICCONO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9614**

Amount of Each Disbursement this Period

6457.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTINE CICCONO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9816**

Amount of Each Disbursement this Period

665.90

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

13580.22

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3051 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10081**

Amount of Each Disbursement this Period

1539.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10268**

Amount of Each Disbursement this Period

1539.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/AIRFARE/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I10510**

Amount of Each Disbursement this Period

482.94

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3561.64

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 3052 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22007**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22008**

Amount of Each Disbursement this Period

313.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22006**

Amount of Each Disbursement this Period

133.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10724**

Amount of Each Disbursement this Period

98.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVIS**

Mailing Address 6 SYLVAN WAY

City State Zip Code  
PARSIPPANY NJ 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22009**

Amount of Each Disbursement this Period

51.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVIS**

Mailing Address 6 SYLVAN WAY

City State Zip Code  
PARSIPPANY NJ 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22010**

Amount of Each Disbursement this Period

46.77

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

98.20

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9122**

Amount of Each Disbursement this Period

1770.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9345**

Amount of Each Disbursement this Period

1770.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9613**

Amount of Each Disbursement this Period

1539.35

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5081.07

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTINA COBAUGH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9815**

Amount of Each Disbursement this Period

1539.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PHILIP J CONDO**

Mailing Address 1770 92ND ST UNIT 5206

City State Zip Code  
WEST DES MOINES IA 50266

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I10034**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PHILIP J CONDO**

Mailing Address 1770 92ND ST UNIT 5206

City State Zip Code  
WEST DES MOINES IA 50266

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8960**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3539.35

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PHILIP J CONDO**

Mailing Address 1770 92ND ST UNIT 5206

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I9073**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PHILIP J CONDO**

Mailing Address 1770 92ND ST UNIT 5206

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 26 / 2015

**Transaction ID : SB23.I9285**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PHILIP J CONDO**

Mailing Address 1770 92ND ST UNIT 5206

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I9560**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PHILIP J CONDO**

Mailing Address 1770 92ND ST UNIT 5206

City  
WEST DES MOINES

State  
IA

Zip Code  
50266

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I9774**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PAUL COOKSEY**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10147**

Amount of Each Disbursement this Period

1714.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PAUL COOKSEY**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10333**

Amount of Each Disbursement this Period

1714.59

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4429.18

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3058 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PAUL COOKSEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/FACILITY RENTAL/FOOD AND BEVERAGE/DELIVERY

SERVICE/PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I10702**

Amount of Each Disbursement this Period

1354.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22752**

Amount of Each Disbursement this Period

360.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22753**

Amount of Each Disbursement this Period

164.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1354.07

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22755**

Amount of Each Disbursement this Period

10.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22756**

Amount of Each Disbursement this Period

97.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22757**

Amount of Each Disbursement this Period

111.81

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22758**

Amount of Each Disbursement this Period

5.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22760**

Amount of Each Disbursement this Period

54.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VFW**

Mailing Address 2680 W HAMPDEN AV, POST 9644

City SHERIDAN State CO Zip Code 80110

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22751**

Amount of Each Disbursement this Period

450.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PAUL COOKSEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FOOD AND BEVERAGE/OFFICE SUPPLIES/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10736

Amount of Each Disbursement this Period

328.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I22776

Amount of Each Disbursement this Period

21.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City State Zip Code  
DALLAS TX 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I22767

Amount of Each Disbursement this Period

3.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

328.22

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I22770

Amount of Each Disbursement this Period

16.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I22775

Amount of Each Disbursement this Period

12.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I22768

Amount of Each Disbursement this Period

20.84

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PAUL COOKSEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9204**

Amount of Each Disbursement this Period

1882.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PAUL COOKSEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9429**

Amount of Each Disbursement this Period

1882.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PAUL COOKSEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9679**

Amount of Each Disbursement this Period

1714.59

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5480.53

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PAUL COOKSEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9882**

Amount of Each Disbursement this Period

1714.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10060**

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10247**

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4410.11

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/SUBSCRIPTION/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10388**

Amount of Each Disbursement this Period

847.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20486**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20487**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

847.69

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20488**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20489**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20490**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3067 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20491**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20492**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20493**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3068 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20494**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20495**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20496**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20497**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20498**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20499**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20500**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20501**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON--PARKING**

Mailing Address 1 HARBORSIDE DRIVE STE 200S

City State Zip Code  
EAST BOSTON MA 02128

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20504**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20502

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20506

Amount of Each Disbursement this Period

7.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20507

Amount of Each Disbursement this Period

7.32

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20508

Amount of Each Disbursement this Period

7.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PER DIEM/TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10429

Amount of Each Disbursement this Period

282.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I20511

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

282.78

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I20512**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I20513**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I20514**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I20515**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I20510**

Amount of Each Disbursement this Period

7.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/FOOD AND BEVERAGE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I10456**

Amount of Each Disbursement this Period

529.07

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

529.07

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

Transaction ID : SB23.I20516

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

Transaction ID : SB23.I20517

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

Transaction ID : SB23.I20518

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I20519**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I20520**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I20521**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I20522**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I20523**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I20524**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I20525**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I20529**

Amount of Each Disbursement this Period

7.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I20527**

Amount of Each Disbursement this Period

12.09

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I10477**

Amount of Each Disbursement this Period

318.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20531**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20532**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

318.17

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20533**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20534**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20535**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20536**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20530**

Amount of Each Disbursement this Period

8.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I10552**

Amount of Each Disbursement this Period

348.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

348.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I20538**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I20539**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I20540**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I20541**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I20542**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I20543**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I20544**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I10599**

Amount of Each Disbursement this Period

195.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I20545**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

195.01

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I20546**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I20547**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I20548**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I20549**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I20550**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I20551**

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

Transaction ID : SB23.I20552

Amount of Each Disbursement this Period

7.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9098

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9321

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2695.52

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9591**

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGELA K COOPER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9794**

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WILLIAM CORKERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9229**

Amount of Each Disbursement this Period

1388.87

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4084.39

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM CORKERY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9454**

Amount of Each Disbursement this Period

1388.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SARAH CORSARO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10158**

Amount of Each Disbursement this Period

2466.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SARAH CORSARO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10343**

Amount of Each Disbursement this Period

2466.72

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6322.31

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SARAH CORSARO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9214**

Amount of Each Disbursement this Period

2699.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SARAH CORSARO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9439**

Amount of Each Disbursement this Period

2699.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SARAH CORSARO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9690**

Amount of Each Disbursement this Period

2466.72

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7866.06

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SARAH CORSARO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9893**

Amount of Each Disbursement this Period

2466.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10139**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10325**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4839.92

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/TAXI FARE/PER DIEM/LODGING/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I10462**

Amount of Each Disbursement this Period

1228.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I23553**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I23554**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1228.40

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I23559**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I23560**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I23561**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. MAUREEN CUMMINS

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23567

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. MAUREEN CUMMINS

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23568

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23564

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23556

Amount of Each Disbursement this Period

168.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23557

Amount of Each Disbursement this Period

14.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23558

Amount of Each Disbursement this Period

95.54

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23565

Amount of Each Disbursement this Period

38.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23566

Amount of Each Disbursement this Period

39.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23572

Amount of Each Disbursement this Period

35.29

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

Transaction ID : SB23.I23563

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

Transaction ID : SB23.I23573

Amount of Each Disbursement this Period

288.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/LODGING/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 12 2015

Transaction ID : SB23.I10562

Amount of Each Disbursement this Period

558.80

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

558.80

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23574**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23575**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23576**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23577**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23578**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23583**

Amount of Each Disbursement this Period

152.55

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23579

Amount of Each Disbursement this Period

28.74

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23580

Amount of Each Disbursement this Period

20.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23581

Amount of Each Disbursement this Period

65.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23582**

Amount of Each Disbursement this Period

36.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
AIRFARE/PER DIEM/TAXI FARE/CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I10691**

Amount of Each Disbursement this Period

1419.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23584**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1419.62

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23585**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23586**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23587**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23588**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23589**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23590**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23591**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23592**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23593**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23594**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23610**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23611**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23599**

Amount of Each Disbursement this Period

141.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23605**

Amount of Each Disbursement this Period

98.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL'S**

Mailing Address 8000 BENT BRANCH DR.

City IRVING State TX Zip Code 75063

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23597**

Amount of Each Disbursement this Period

49.16

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3107 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City BOHEMIA State NY Zip Code 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I23600

Amount of Each Disbursement this Period

70.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I23595

Amount of Each Disbursement this Period

35.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I23598

Amount of Each Disbursement this Period

43.63

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23601**

Amount of Each Disbursement this Period

42.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23602**

Amount of Each Disbursement this Period

11.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23603**

Amount of Each Disbursement this Period

67.02

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23604**

Amount of Each Disbursement this Period

9.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23606**

Amount of Each Disbursement this Period

65.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I23607**

Amount of Each Disbursement this Period

77.37

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I23608

Amount of Each Disbursement this Period

45.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I23609

Amount of Each Disbursement this Period

36.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

### C. WALGREENS

Mailing Address 200 WILMOT RD  
MS #L390

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I23596

Amount of Each Disbursement this Period

1.38

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9194**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9419**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9672**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3559.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN CUMMINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9874**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SARAH DELAHUNTY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10159**

Amount of Each Disbursement this Period

1086.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SARAH DELAHUNTY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10344**

Amount of Each Disbursement this Period

1086.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3359.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SARAH DELAHUNTY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9215

Amount of Each Disbursement this Period

1086.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SARAH DELAHUNTY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9440

Amount of Each Disbursement this Period

1086.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SARAH DELAHUNTY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9691

Amount of Each Disbursement this Period

1086.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3259.80

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SARAH DELAHUNTY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9894**

Amount of Each Disbursement this Period

1086.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I10521**

Amount of Each Disbursement this Period

2282.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22415**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3368.60

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22416**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22417**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22418**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22419**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22420**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22421**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22422**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22423**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22424**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22425**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22426**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22427**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22428**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22429**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22430**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22431**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22432**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22433**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22434**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22435**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22436**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22437**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22438**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22439**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22440**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22441**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22442**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22443**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22444**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22445**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22446**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22447**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22448**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22449**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22450**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22451**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22452**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22453**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22454**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22455**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22456**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22414**

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22412**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PER DIEM/FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10730**

Amount of Each Disbursement this Period

960.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22458**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

960.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22459**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22460**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22461**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22462**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22463**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22464**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I22465

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I22466

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I22467

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22468**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22469**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22470**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22471**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22472**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22473**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22474**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22475**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22476**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22477**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22478**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22479**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22480**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22481**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22482**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22483**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22484**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22485**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VIC & ANTHONY'S STEAKHOUSE**

Mailing Address 1510 TEXAS AVE

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22457**

Amount of Each Disbursement this Period

260.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9134**

Amount of Each Disbursement this Period

5151.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANNY DIAZ**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9357**

Amount of Each Disbursement this Period

5151.51

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

10303.02

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EDDIE DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10095**

Amount of Each Disbursement this Period

1368.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EDDIE DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10281**

Amount of Each Disbursement this Period

1368.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EDDIE DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9140**

Amount of Each Disbursement this Period

1648.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4384.72

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EDDIE DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9364**

Amount of Each Disbursement this Period

1648.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EDDIE DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9628**

Amount of Each Disbursement this Period

1368.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EDDIE DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9830**

Amount of Each Disbursement this Period

1368.36

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4384.72

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10114

Amount of Each Disbursement this Period

1623.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10301

Amount of Each Disbursement this Period

1623.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/FOOD AND BEVERAGE/LODGING/EVENT TICKET/OFFICE  
SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10732

Amount of Each Disbursement this Period

413.91

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3661.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22967**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22968**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22969**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22970**

Amount of Each Disbursement this Period

45.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ATLANTIS CASINO RESORT**

Mailing Address 3800 S VIRGINIA ST

City State Zip Code  
RENO NV 89502

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22958**

Amount of Each Disbursement this Period

37.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City State Zip Code  
SEATTLE WA 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22959**

Amount of Each Disbursement this Period

16.16

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22960**

Amount of Each Disbursement this Period

16.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22964**

Amount of Each Disbursement this Period

32.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22965**

Amount of Each Disbursement this Period

16.16

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9164**

Amount of Each Disbursement this Period

1714.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9389**

Amount of Each Disbursement this Period

1714.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9647**

Amount of Each Disbursement this Period

1623.67

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5052.85

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOANNA DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9849**

Amount of Each Disbursement this Period

1623.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/LODGING/GAS/TAXI FARE/CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10389**

Amount of Each Disbursement this Period

1248.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23770**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2872.10

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23771

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23772

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23773

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23774**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23775**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23776**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23777**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23778**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23779**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVIS**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23763

Amount of Each Disbursement this Period

56.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23768

Amount of Each Disbursement this Period

25.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CROWNE PLAZA**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23753

Amount of Each Disbursement this Period

121.42

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23765

Amount of Each Disbursement this Period

2.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23764

Amount of Each Disbursement this Period

38.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23754

Amount of Each Disbursement this Period

131.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23761**

Amount of Each Disbursement this Period

134.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SILVER AIRWAYS**

Mailing Address 1100 LEE WAGENER BLVD STE 201

City

**FORT LAUDERDALE**

State  
**FL**

Zip Code  
**33315**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23766**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SILVER AIRWAYS**

Mailing Address 1100 LEE WAGENER BLVD STE 201

City

**FORT LAUDERDALE**

State  
**FL**

Zip Code  
**33315**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23769**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23755

Amount of Each Disbursement this Period

16.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23756

Amount of Each Disbursement this Period

8.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23757

Amount of Each Disbursement this Period

18.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23758**

Amount of Each Disbursement this Period

13.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23759**

Amount of Each Disbursement this Period

13.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23760**

Amount of Each Disbursement this Period

13.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23762

Amount of Each Disbursement this Period

6.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

### B. PABLO DIAZ

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
AIRFARE/FOOD AND BEVERAGE/PER DIEM/TAXI FARE/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I10566

Amount of Each Disbursement this Period

1360.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

### C. PABLO DIAZ

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23783

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1360.96

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23803

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PABLO DIAZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23804

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23788

Amount of Each Disbursement this Period

217.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23791**

Amount of Each Disbursement this Period

246.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23792**

Amount of Each Disbursement this Period

217.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVIS**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23784**

Amount of Each Disbursement this Period

46.46

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVIS**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23794

Amount of Each Disbursement this Period

57.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVIS**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23798

Amount of Each Disbursement this Period

38.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23786

Amount of Each Disbursement this Period

20.72

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23780**

Amount of Each Disbursement this Period

10.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23805**

Amount of Each Disbursement this Period

83.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PUBLIX**

Mailing Address 3300 PUBLIX CORPORATE PKWY

City LAKELAND State FL Zip Code 33811

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23797**

Amount of Each Disbursement this Period

26.94

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23781**

Amount of Each Disbursement this Period

15.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23799**

Amount of Each Disbursement this Period

24.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I23800**

Amount of Each Disbursement this Period

12.58

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23787

Amount of Each Disbursement this Period

17.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23789

Amount of Each Disbursement this Period

13.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23793

Amount of Each Disbursement this Period

13.41

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23795

Amount of Each Disbursement this Period

13.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23802

Amount of Each Disbursement this Period

12.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM DOUGLASS**

Mailing Address 304 MAIN AVE BOX 408

City State Zip Code  
NORWALK CT 06851

Purpose of Disbursement  
AIR CHARTER 11/19/15

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I9755

Amount of Each Disbursement this Period

3252.34

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3252.34

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRANDON DOYLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10066**

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRANDON DOYLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10253**

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRANDON DOYLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9104**

Amount of Each Disbursement this Period

1377.03

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4072.55

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRANDON DOYLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9327**

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRANDON DOYLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9597**

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRANDON DOYLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9800**

Amount of Each Disbursement this Period

1347.76

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4043.28

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. DMITRY FEDEROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10093**

Amount of Each Disbursement this Period

680.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DMITRY FEDEROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I10641**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22534**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

980.43

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22535**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22536**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22537**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22538**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22539**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22540**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22541**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22542**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22543**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22544**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22545**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DMITRY FEDEROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10725**

Amount of Each Disbursement this Period

592.96

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

592.96

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22549**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22550**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22551**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22552**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22553**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22554**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22555**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22556**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22557**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22558**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22559**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22560**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22561**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22562**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22563**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22564**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22565**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22566**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22567**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DMITRY FEDOROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22568**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City State Zip Code  
DALLAS TX 75201

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22546**

Amount of Each Disbursement this Period

33.53

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BP**

Mailing Address 640 SW 9TH ST

City  
DES MOINES

State  
IA

Zip Code  
50309

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22547**

Amount of Each Disbursement this Period

33.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22548**

Amount of Each Disbursement this Period

25.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DMITRY FEDEROV**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9138**

Amount of Each Disbursement this Period

1924.64

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1924.64

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DMITRY FEDEROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9362**

Amount of Each Disbursement this Period

1924.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DMITRY FEDEROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9626**

Amount of Each Disbursement this Period

1587.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DMITRY FEDEROV**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9828**

Amount of Each Disbursement this Period

1587.89

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5100.42

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANIEL FEENEY**

Mailing Address 50 ROCKMERE AVE

City  
OLD GREENWICH

State  
CT

Zip Code  
06870

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 18 / 2015

Transaction ID : SB23.I10203

Amount of Each Disbursement this Period

2041.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIN B. FINLEY**

Mailing Address 32 MILL RD

City  
WESTHAMPTON BEACH

State  
NY

Zip Code  
11978

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8939

Amount of Each Disbursement this Period

1725.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
LODGING/TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I10381

Amount of Each Disbursement this Period

530.26

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4297.09

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOTEL ROGUE**

Mailing Address 1315 16TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20471

Amount of Each Disbursement this Period

455.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20472

Amount of Each Disbursement this Period

34.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/LODGING/PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I10568

Amount of Each Disbursement this Period

733.58

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

733.58

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I20474**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I20475**

Amount of Each Disbursement this Period

546.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I20477**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I20476

Amount of Each Disbursement this Period

137.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PRINTING/OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I10605

Amount of Each Disbursement this Period

56.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I20480

Amount of Each Disbursement this Period

8.40

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

56.84

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I20481

Amount of Each Disbursement this Period

12.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UPS**

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I20478

Amount of Each Disbursement this Period

22.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UPS**

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I20479

Amount of Each Disbursement this Period

12.64

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9096**

Amount of Each Disbursement this Period

2808.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9319**

Amount of Each Disbursement this Period

2808.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9589**

Amount of Each Disbursement this Period

1797.92

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7414.26

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANDREW FINNAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9792

Amount of Each Disbursement this Period

1208.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PETER FINOCCHIO**

Mailing Address 16 TRAVELO DR.

City State Zip Code  
WAYNE NJ 07470

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

Transaction ID : SB23.I10210

Amount of Each Disbursement this Period

2750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PETER FINOCCHIO**

Mailing Address 16 TRAVELO DR.

City State Zip Code  
WAYNE NJ 07470

Purpose of Disbursement  
AIRFARE/TRAVEL/MILEAGE REIMBURSEMENT/GAS/DELIVERY  
SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

Transaction ID : SB23.I10738

Amount of Each Disbursement this Period

840.61

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4798.69

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PETER FINOCCHIO**

Mailing Address 16 TRAVELO DR.

City WAYNE State NJ Zip Code 07470

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

Transaction ID : SB23.I23817

Amount of Each Disbursement this Period

157.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

Transaction ID : SB23.I23814

Amount of Each Disbursement this Period

144.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

Transaction ID : SB23.I23815

Amount of Each Disbursement this Period

186.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I23819**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I23820**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BP**

Mailing Address 640 SW 9TH ST

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I23811**

Amount of Each Disbursement this Period

22.45

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30320**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I23813**

Amount of Each Disbursement this Period

167.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City  
**FINDLAY**

State  
**OH**

Zip Code  
**45840**

Purpose of Disbursement  
**GAS**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I23809**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City  
**FINDLAY**

State  
**OH**

Zip Code  
**45840**

Purpose of Disbursement  
**GAS**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I23818**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SPEEDWAY**

Mailing Address P.O. BOX 1500

City  
**SPRINGFIELD**

State  
**OH**

Zip Code  
**45501**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I23816**

Amount of Each Disbursement this Period

18.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20260**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I23808**

Amount of Each Disbursement this Period

11.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PETER G. FLAHERTY, II**

Mailing Address 8 ROCKMONT RD

City  
**BELMONT**

State  
**MA**

Zip Code  
**02478**

Purpose of Disbursement  
**TAXI FARE/LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10359**

Amount of Each Disbursement this Period

799.52

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

799.52

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23823**

Amount of Each Disbursement this Period

220.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23822**

Amount of Each Disbursement this Period

171.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City State Zip Code  
WEST PALM BEACH FL 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23826**

Amount of Each Disbursement this Period

18.15

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23831

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City MIAMI State FL Zip Code 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23827

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City MIAMI State FL Zip Code 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23828

Amount of Each Disbursement this Period

58.34

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23829

Amount of Each Disbursement this Period

52.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23830

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PETER G. FLAHERTY, II**

Mailing Address 8 ROCKMONT RD

City State Zip Code  
BELMONT MA 02478

Purpose of Disbursement  
LODGING/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I10603

Amount of Each Disbursement this Period

635.75

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

635.75

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BOSTON--PARKING**

Mailing Address 1 HARBORSIDE DRIVE STE 200S

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I23834

Amount of Each Disbursement this Period

116.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BOSTON--PARKING**

Mailing Address 1 HARBORSIDE DRIVE STE 200S

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I23835

Amount of Each Disbursement this Period

40.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BOSTON--PARKING**

Mailing Address 1 HARBORSIDE DRIVE STE 200S

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I23836

Amount of Each Disbursement this Period

29.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23833**

Amount of Each Disbursement this Period

171.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City  
**WEST PALM BEACH**

State  
**FL**

Zip Code  
**33405**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23841**

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City  
**WEST PALM BEACH**

State  
**FL**

Zip Code  
**33405**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23842**

Amount of Each Disbursement this Period

53.87

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB--MIAMI**

Mailing Address 1201 NW LE JEUNE RD

City State Zip Code  
MIAMI FL 33126

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23837**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PETER G. FLAHERTY, II**

Mailing Address 8 ROCKMONT RD

City State Zip Code  
BELMONT MA 02478

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8959**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PETER G. FLAHERTY, II**

Mailing Address 8 ROCKMONT RD

City State Zip Code  
BELMONT MA 02478

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I9015**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10000.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. PETER G. FLAHERTY, II**

Mailing Address 8 ROCKMONT RD

City  
BELMONT

State  
MA

Zip Code  
02478

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9488**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PETER G. FLAHERTY, II**

Mailing Address 8 ROCKMONT RD

City  
BELMONT

State  
MA

Zip Code  
02478

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I9989**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City  
MIAMI

State  
FL

Zip Code  
33133

Purpose of Disbursement  
PER DIEM/AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I10567**

Amount of Each Disbursement this Period

325.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

9325.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I22486

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I22487

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I22488

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22489**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22490**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22491**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22492**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22493**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22494**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22495**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22496**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22497**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22498**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAVID FONSECA**

Mailing Address 4191 INGRAHAM HWY

City MIAMI State FL Zip Code 33133

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I10600**

Amount of Each Disbursement this Period

334.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I22499**

Amount of Each Disbursement this Period

334.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

334.20

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIN GAETZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10103**

Amount of Each Disbursement this Period

3326.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIN GAETZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10289**

Amount of Each Disbursement this Period

3326.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIN GAETZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9149**

Amount of Each Disbursement this Period

4237.68

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10889.80

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIN GAETZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9373**

Amount of Each Disbursement this Period

4237.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIN GAETZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9636**

Amount of Each Disbursement this Period

3326.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIN GAETZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9838**

Amount of Each Disbursement this Period

3326.06

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

10889.80

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10069**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10256**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/AIRFARE/TAXI FARE/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I10651**

Amount of Each Disbursement this Period

279.49

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2652.69

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3206 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20660**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20661**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20662**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3207 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20663**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20664**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20665**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3208 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City  
**DENVER**

State  
**CO**

Zip Code  
**80249**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20659**

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20658**

Amount of Each Disbursement this Period

19.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20655**

Amount of Each Disbursement this Period

19.87

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20656**

Amount of Each Disbursement this Period

11.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20657**

Amount of Each Disbursement this Period

18.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9107**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1186.60

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3210 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9330**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9600**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAITLIN GALLAGHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9803**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3559.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEVON GALLAGHER**

Mailing Address 4102 RANDALL PKWY #1H

City WILMINGTON State NC Zip Code 28403

Purpose of Disbursement  
PER DIEM/CAR RENTAL/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I10556

Amount of Each Disbursement this Period

233.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DEVON GALLAGHER**

Mailing Address 4102 RANDALL PKWY #1H

City WILMINGTON State NC Zip Code 28403

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22532

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEVON GALLAGHER**

Mailing Address 4102 RANDALL PKWY #1H

City WILMINGTON State NC Zip Code 28403

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22533

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

233.74

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALAMO CAR RENTAL**

Mailing Address 15 TRANSPORTATION WAY

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22530

Amount of Each Disbursement this Period

125.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUNOCO**

Mailing Address 97 DARLING AVE

City SOUTH PORTLAND State ME Zip Code 04106

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22531

Amount of Each Disbursement this Period

18.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10094

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1186.60

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10280**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/FOOD AND BEVERAGE/PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I10601**

Amount of Each Disbursement this Period

1366.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I22569**

Amount of Each Disbursement this Period

1207.22

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2552.78

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City  
CANTON

State  
MA

Zip Code  
02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I22570**

Amount of Each Disbursement this Period

42.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I22571**

Amount of Each Disbursement this Period

94.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I22572**

Amount of Each Disbursement this Period

5.68

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.I22573**

Amount of Each Disbursement this Period

15.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**MILEAGE REIMBURSEMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10735**

Amount of Each Disbursement this Period

377.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**MILEAGE REIMBURSEMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I22574**

Amount of Each Disbursement this Period

377.78

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

377.78

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9139**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9363**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9627**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3559.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DYLAN GALLIMORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9829

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT GARDNER**

Mailing Address 6706 TALLWOOD CT

City State Zip Code  
PROSPECT KY 40059

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I10559

Amount of Each Disbursement this Period

850.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT GARDNER**

Mailing Address 6706 TALLWOOD CT

City State Zip Code  
PROSPECT KY 40059

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23888

Amount of Each Disbursement this Period

850.43

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2037.03

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ROBERT GARDNER**

Mailing Address 6706 TALLWOOD CT

City  
PROSPECT

State  
KY

Zip Code  
40059

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8991

Amount of Each Disbursement this Period

1833.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT GARDNER**

Mailing Address 6706 TALLWOOD CT

City  
PROSPECT

State  
KY

Zip Code  
40059

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I9489

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT GARDNER**

Mailing Address 6706 TALLWOOD CT

City  
PROSPECT

State  
KY

Zip Code  
40059

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I9775

Amount of Each Disbursement this Period

833.33

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5166.66

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. SUSAN GEDDES**

Mailing Address P.O. BOX 501

City  
INDIANOLA

State  
IA

Zip Code  
50125

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/CAR RENTAL/GAS/ADMISSION  
FFF/PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I10410**

Amount of Each Disbursement this Period

435.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SUSAN GEDDES**

Mailing Address P.O. BOX 501

City  
INDIANOLA

State  
IA

Zip Code  
50125

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I24163**

Amount of Each Disbursement this Period

166.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CASEY'S GENERAL STORE**

Mailing Address 1 CONVENIENCE BLVD

City  
ANKENY

State  
IA

Zip Code  
50021

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I24167**

Amount of Each Disbursement this Period

14.77

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

435.73

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I24171

Amount of Each Disbursement this Period

126.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KUM & GO**

Mailing Address 822 1ST AVE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I24164

Amount of Each Disbursement this Period

9.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUSAN GEDDES**

Mailing Address P.O. BOX 501

City INDIANOLA State IA Zip Code 50125

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB23.I10585

Amount of Each Disbursement this Period

217.35

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

217.35

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. SUSAN GEDDES**

Mailing Address P.O. BOX 501

City  
INDIANOLA

State  
IA

Zip Code  
50125

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I24172**

Amount of Each Disbursement this Period

217.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SUSAN GEDDES**

Mailing Address P.O. BOX 501

City  
INDIANOLA

State  
IA

Zip Code  
50125

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I9002**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SUSAN GEDDES**

Mailing Address P.O. BOX 501

City  
INDIANOLA

State  
IA

Zip Code  
50125

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9484**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7000.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. SUSAN GEDDES**

Mailing Address P.O. BOX 501

City  
INDIANOLA

State  
IA

Zip Code  
50125

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9966**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRIS GEORGIA**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10078**

Amount of Each Disbursement this Period

1913.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRIS GEORGIA**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10265**

Amount of Each Disbursement this Period

1913.66

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7327.32

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHRIS GEORGIA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9119

Amount of Each Disbursement this Period

2372.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRIS GEORGIA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9342

Amount of Each Disbursement this Period

2372.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRIS GEORGIA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9610

Amount of Each Disbursement this Period

1913.66

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6657.96

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRIS GEORGIA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9812**

Amount of Each Disbursement this Period

1913.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10097**

Amount of Each Disbursement this Period

1000.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10283**

Amount of Each Disbursement this Period

1000.46

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3914.58

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/GAS/TAXI FARE/PER DIEM/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I10684**

Amount of Each Disbursement this Period

402.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22616**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22617**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

402.34

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22618**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22619**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22620**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22615

Amount of Each Disbursement this Period

30.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City DENVER State CO Zip Code 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22612

Amount of Each Disbursement this Period

130.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22607

Amount of Each Disbursement this Period

6.31

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22608**

Amount of Each Disbursement this Period

7.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22609**

Amount of Each Disbursement this Period

12.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22610**

Amount of Each Disbursement this Period

14.65

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22611

Amount of Each Disbursement this Period

6.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9142

Amount of Each Disbursement this Period

1000.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9366

Amount of Each Disbursement this Period

1000.46

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2000.92

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9630**

Amount of Each Disbursement this Period

1000.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMERSON GEORGE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9832**

Amount of Each Disbursement this Period

1000.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10086**

Amount of Each Disbursement this Period

1388.87

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3389.79

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10273

Amount of Each Disbursement this Period

1388.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TRANSPORTATION/MILEAGE  
REIMBURSEMENT/PARKING/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I10666

Amount of Each Disbursement this Period

972.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I22186

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2361.72

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22187**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22188**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22189**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22190**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22191**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22192**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22193**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22194**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22195**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22196**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22197**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22198**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22199**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22200**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I22201**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I22202

Amount of Each Disbursement this Period

423.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UPS**

Mailing Address 55 GLENLAKE PARKWAY NE

City State Zip Code  
ATLANTA GA 30328

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I22212

Amount of Each Disbursement this Period

16.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9128

Amount of Each Disbursement this Period

1388.87

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1388.87

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9351**

Amount of Each Disbursement this Period

1388.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9619**

Amount of Each Disbursement this Period

1388.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COOPER GODFREY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9821**

Amount of Each Disbursement this Period

1388.87

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4166.61

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JONATHAN GODOY**

Mailing Address 10603 KENDALE BLVD

City State Zip Code  
MIAMI FL 33176

Purpose of Disbursement  
PER DIEM/CAR RENTAL/PARKING/FOOD AND BEVERAGE/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I10459**

Amount of Each Disbursement this Period

444.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JONATHAN GODOY**

Mailing Address 10603 KENDALE BLVD

City State Zip Code  
MIAMI FL 33176

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I23065**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JONATHAN GODOY**

Mailing Address 10603 KENDALE BLVD

City State Zip Code  
MIAMI FL 33176

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I23066**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

444.94

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JONATHAN GODOY**

Mailing Address 10603 KENDALE BLVD

City State Zip Code  
MIAMI FL 33176

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23067

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALAMO CAR RENTAL**

Mailing Address 15 TRANSPORTATION WAY

City State Zip Code  
EAST BOSTON MA 02128

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23063

Amount of Each Disbursement this Period

171.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City State Zip Code  
ATLANTA GA 30339

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23064

Amount of Each Disbursement this Period

12.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI INTERNATIONAL AIRPORT**

Mailing Address 2100 NW 42 AVE

City State Zip Code  
MIAMI FL 33126

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23061

Amount of Each Disbursement this Period

51.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I23060

Amount of Each Disbursement this Period

52.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MATTHEW GORMAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10138

Amount of Each Disbursement this Period

2092.16

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2092.16

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MATTHEW GORMAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10324**

Amount of Each Disbursement this Period

2092.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MATTHEW GORMAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9193**

Amount of Each Disbursement this Period

2288.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MATTHEW GORMAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9418**

Amount of Each Disbursement this Period

2288.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6669.36

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MATTHEW GORMAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9671**

Amount of Each Disbursement this Period

2092.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MATTHEW GORMAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9873**

Amount of Each Disbursement this Period

2092.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DARIA GRASTARA**

Mailing Address 5045 SW 93 CT

City State Zip Code  
MIAMI FL 33165

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I9577**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5684.32

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DARIA GRASTARA**

Mailing Address 5045 SW 93 CT

City State Zip Code  
MIAMI FL 33165

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I9983**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10070**

Amount of Each Disbursement this Period

2383.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10257**

Amount of Each Disbursement this Period

2383.89

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6267.78

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/AIRFARE/PER DIEM/TAXI FARE/SIGNS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10391

Amount of Each Disbursement this Period

3002.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20666

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20667

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3002.45

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20668**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20669**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20670**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20671

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20672

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20673

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20674**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20675**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20676**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20677**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20682**

Amount of Each Disbursement this Period

298.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20693**

Amount of Each Disbursement this Period

542.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20706

Amount of Each Disbursement this Period

362.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEST MADE FLAGS**

Mailing Address 5620 DEWEY ST

City  
HOLLYWOOD

State  
FL

Zip Code  
33023

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20685

Amount of Each Disbursement this Period

201.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20678

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20679**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20684**

Amount of Each Disbursement this Period

36.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20705**

Amount of Each Disbursement this Period

141.04

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20700

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20683

Amount of Each Disbursement this Period

156.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20704

Amount of Each Disbursement this Period

134.96

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HY-VEE**

Mailing Address 528 S HWY 1

City  
WASHINGTON

State  
IA

Zip Code  
52353

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20696

Amount of Each Disbursement this Period

11.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20690

Amount of Each Disbursement this Period

178.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20698

Amount of Each Disbursement this Period

13.19

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUNOCO**

Mailing Address 97 DARLING AVE

City  
SOUTH PORTLAND

State  
ME

Zip Code  
04106

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20680

Amount of Each Disbursement this Period

24.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20686

Amount of Each Disbursement this Period

12.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20687

Amount of Each Disbursement this Period

22.81

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20688**

Amount of Each Disbursement this Period

14.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20689**

Amount of Each Disbursement this Period

13.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20691**

Amount of Each Disbursement this Period

11.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20701

Amount of Each Disbursement this Period

10.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20702

Amount of Each Disbursement this Period

18.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20703

Amount of Each Disbursement this Period

7.64

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20692

Amount of Each Disbursement this Period

32.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/PER DIEM/LODGING/SECURITY SERVICE/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I10479

Amount of Each Disbursement this Period

2962.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20708

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2962.56

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20709**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20710**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20711**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20712

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20713

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20714

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20715**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20716**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20717**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20718**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20723**

Amount of Each Disbursement this Period

917.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20726**

Amount of Each Disbursement this Period

258.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BEDFORD POLICE DEPT.**

Mailing Address 55 CONSTITUTION DR.

City State Zip Code  
BEDFORD NH 03110

Purpose of Disbursement  
SECURITY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20707

Amount of Each Disbursement this Period

230.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20724

Amount of Each Disbursement this Period

281.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20721

Amount of Each Disbursement this Period

23.17

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20729

Amount of Each Disbursement this Period

266.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20730

Amount of Each Disbursement this Period

165.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20731

Amount of Each Disbursement this Period

175.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20728

Amount of Each Disbursement this Period

17.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUNOCO**

Mailing Address 97 DARLING AVE

City  
SOUTH PORTLAND

State  
ME

Zip Code  
04106

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20727

Amount of Each Disbursement this Period

25.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20722

Amount of Each Disbursement this Period

21.11

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20725

Amount of Each Disbursement this Period

11.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/OFFICE EQUIPMENT/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I10679

Amount of Each Disbursement this Period

1497.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BIG TIME CLOCKS**

Mailing Address 1 E LIBERTY 6TH FLOOR

City State Zip Code  
RENO NV 89501

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20738

Amount of Each Disbursement this Period

434.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1497.51

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COURTYARD MARRIOTT**

Mailing Address 10400 FERNWOOD RD

City  
**BETHESDA**

State  
**MD**

Zip Code  
**20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20736**

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State  
**VA**

Zip Code  
**22102**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20733**

Amount of Each Disbursement this Period

109.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State  
**VA**

Zip Code  
**22102**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20737**

Amount of Each Disbursement this Period

158.77

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20734**

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City  
**NORTH CONWAY**

State  
**NH**

Zip Code  
**03860**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20735**

Amount of Each Disbursement this Period

98.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. QUALITY INN HOTELS**

Mailing Address 10750 COLUMBIA PIKE

City  
**SILVER SPRING**

State  
**MD**

Zip Code  
**20901**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20732**

Amount of Each Disbursement this Period

246.44

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20741

Amount of Each Disbursement this Period

12.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20742

Amount of Each Disbursement this Period

18.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20743

Amount of Each Disbursement this Period

16.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20744

Amount of Each Disbursement this Period

14.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20745

Amount of Each Disbursement this Period

13.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20746

Amount of Each Disbursement this Period

12.79

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
CAR RENTAL/GAS/AIRFARE/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I10680**

Amount of Each Disbursement this Period

4246.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20771**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20772**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

4246.62

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20773**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20774**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20775**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20776**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20777**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20778**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20779**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20780**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20781**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20782**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20783**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20784**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20785**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20786**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20787**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20788

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20789

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City State Zip Code  
DALLAS TX 75201

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20753

Amount of Each Disbursement this Period

4.74

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 3277 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALAMO CAR RENTAL**

Mailing Address 15 TRANSPORTATION WAY

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20748

Amount of Each Disbursement this Period

93.74

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20758

Amount of Each Disbursement this Period

243.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20761

Amount of Each Disbursement this Period

352.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20762

Amount of Each Disbursement this Period

84.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20763

Amount of Each Disbursement this Period

444.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20764

Amount of Each Disbursement this Period

258.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20765

Amount of Each Disbursement this Period

141.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20766

Amount of Each Disbursement this Period

176.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20768

Amount of Each Disbursement this Period

320.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20769**

Amount of Each Disbursement this Period

480.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20770**

Amount of Each Disbursement this Period

254.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVIS**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20747**

Amount of Each Disbursement this Period

200.21

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BP**

Mailing Address 640 SW 9TH ST

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20755**

Amount of Each Disbursement this Period

14.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20751**

Amount of Each Disbursement this Period

23.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20759**

Amount of Each Disbursement this Period

141.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20760

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20767

Amount of Each Disbursement this Period

131.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KUM & GO**

Mailing Address 822 1ST AVE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20752

Amount of Each Disbursement this Period

25.66

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20749**

Amount of Each Disbursement this Period

8.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20750**

Amount of Each Disbursement this Period

15.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**AIRFARE/LODGING/PER DIEM/GAS/TAXI FARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I10698**

Amount of Each Disbursement this Period

1174.84

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1174.84

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20790**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20791**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20792**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20793**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20794**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20795**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20796**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City State Zip Code  
DALLAS TX 75201

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20800**

Amount of Each Disbursement this Period

16.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20804**

Amount of Each Disbursement this Period

140.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20802**

Amount of Each Disbursement this Period

337.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20798**

Amount of Each Disbursement this Period

132.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20805**

Amount of Each Disbursement this Period

110.88

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
**BETHESDA**

State  
**MD**

Zip Code  
**20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20801**

Amount of Each Disbursement this Period

97.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I20797**

Amount of Each Disbursement this Period

8.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9108**

Amount of Each Disbursement this Period

2626.63

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2626.63

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9331**

Amount of Each Disbursement this Period

2626.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9601**

Amount of Each Disbursement this Period

2383.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB GRAVES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9804**

Amount of Each Disbursement this Period

2383.89

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7394.41

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ABIGAIL GREEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10054**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ABIGAIL GREEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10241**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ABIGAIL GREEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9090**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4511.10

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ABIGAIL GREEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 31 2015

**Transaction ID : SB23.I9313**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ABIGAIL GREEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 13 2015

**Transaction ID : SB23.I9584**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ABIGAIL GREEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 30 2015

**Transaction ID : SB23.I9787**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4511.10

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GARY J. GRISSOM**

Mailing Address 11825 GRANITE BAY PL

City State Zip Code  
AUSTIN TX 78732-2417

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.173123**

Amount of Each Disbursement this Period

500.00

☐ Memo Item  
WALL UNIT INSTALLATION

Full Name (Last, First, Middle Initial)

## **B. JANAN GRISSOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10108**

Amount of Each Disbursement this Period

4032.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JANAN GRISSOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10294**

Amount of Each Disbursement this Period

4032.81

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

8565.62

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JANAN GRISSOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I10589**

Amount of Each Disbursement this Period

240.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATHAN SUGERMAN**

Mailing Address 530 NE 71 ST

City State Zip Code  
MIAMI FL 33138

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I22884**

Amount of Each Disbursement this Period

240.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JANAN GRISSOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9383**

Amount of Each Disbursement this Period

4421.34

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4661.34

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JANAN GRISSOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9641**

Amount of Each Disbursement this Period

4032.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JANAN GRISSOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9843**

Amount of Each Disbursement this Period

4032.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMALIA HALIKIAS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9094**

Amount of Each Disbursement this Period

1268.84

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

9334.46

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMALIA HALIKIAS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9317**

Amount of Each Disbursement this Period

1268.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10151**

Amount of Each Disbursement this Period

2534.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10337**

Amount of Each Disbursement this Period

2534.26

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6337.36

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
CAR RENTAL/PER DIEM/LODGING/FOOD AND BEVERAGE/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10384**

Amount of Each Disbursement this Period

1028.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23889**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23890**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1028.52

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23891**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23892**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23893**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23903**

Amount of Each Disbursement this Period

38.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City State Zip Code  
AKRON OH 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23895**

Amount of Each Disbursement this Period

24.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City State Zip Code  
ST. LOUIS MO 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23896**

Amount of Each Disbursement this Period

82.65

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23897

Amount of Each Disbursement this Period

96.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23898

Amount of Each Disbursement this Period

215.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23899

Amount of Each Disbursement this Period

141.25

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23901**

Amount of Each Disbursement this Period

93.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PANERA BREAD**

Mailing Address 10061 W FLAGLER ST

City  
MIAMI

State  
FL

Zip Code  
33174

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23902**

Amount of Each Disbursement this Period

76.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT HALL**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9207**

Amount of Each Disbursement this Period

2789.30

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2789.30

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9432**

Amount of Each Disbursement this Period

2789.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9683**

Amount of Each Disbursement this Period

2789.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERT HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9886**

Amount of Each Disbursement this Period

2534.26

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8112.86

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAYLOR HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
CAR RENTAL/FACILITY RENTAL/CATERING/PER DIEM/LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I10515**

Amount of Each Disbursement this Period

1861.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TAYLOR HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24189**

Amount of Each Disbursement this Period

75.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAYLOR HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24190**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1861.86

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAYLOR HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I24191

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TAYLOR HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I24192

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAYLOR HALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I24193

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I24184

Amount of Each Disbursement this Period

21.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I24173

Amount of Each Disbursement this Period

206.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FURMAN CONFERENCE EVENT**

Mailing Address 3300 POINTSETT HWY

City GREENVILLE State SC Zip Code 29613

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I24186

Amount of Each Disbursement this Period

341.96

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24187**

Amount of Each Disbursement this Period

193.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24188**

Amount of Each Disbursement this Period

92.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. QUEOLOGY COMPETITION BBQ**

Mailing Address 32 N MARKET ST

City State Zip Code  
CHARLESTON SC 29401

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24183**

Amount of Each Disbursement this Period

238.09

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24177**

Amount of Each Disbursement this Period

6.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THRIFTY CAR RENTAL**

Mailing Address 5800 FLEUR DR.

City  
**DES MOINES**

State  
**IA**

Zip Code  
**50321**

Purpose of Disbursement  
**PARKING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24181**

Amount of Each Disbursement this Period

9.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THRIFTY CAR RENTAL**

Mailing Address 5800 FLEUR DR.

City  
**DES MOINES**

State  
**IA**

Zip Code  
**50321**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24185**

Amount of Each Disbursement this Period

371.17

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I24174**

Amount of Each Disbursement this Period

36.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARK HANCOCK**

Mailing Address 401 6TH ST SE

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**MILEAGE REIMBURSEMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I10547**

Amount of Each Disbursement this Period

171.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARK HANCOCK**

Mailing Address 401 6TH ST SE

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**MILEAGE REIMBURSEMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I23551**

Amount of Each Disbursement this Period

171.13

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

171.13

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MATTHEW HAWN**

Mailing Address 5283 SIMONS DR.

City RENO State NV Zip Code 89523

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9030**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MATTHEW HAWN**

Mailing Address 5283 SIMONS DR.

City RENO State NV Zip Code 89523

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9468**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MATTHEW HAWN**

Mailing Address 5283 SIMONS DR.

City RENO State NV Zip Code 89523

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9957**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 3309 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. DANIEL HEIL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10090**

Amount of Each Disbursement this Period

2238.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DANIEL HEIL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10277**

Amount of Each Disbursement this Period

2238.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DANIEL HEIL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9132**

Amount of Each Disbursement this Period

2356.11

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6833.37

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANIEL HEIL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9355**

Amount of Each Disbursement this Period

2356.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANIEL HEIL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9623**

Amount of Each Disbursement this Period

2238.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANIEL HEIL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9825**

Amount of Each Disbursement this Period

2238.63

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6833.37

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 3311 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AARON HENRICKS**

Mailing Address 307 QUINCY HOUSE MAIL CENTER

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I10653**

Amount of Each Disbursement this Period

283.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I17624**

Amount of Each Disbursement this Period

94.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I17625**

Amount of Each Disbursement this Period

115.81

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

283.42

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I17626**

Amount of Each Disbursement this Period

73.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10149**

Amount of Each Disbursement this Period

1335.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10335**

Amount of Each Disbursement this Period

1335.74

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2671.48

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/AIRFARE/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10385**

Amount of Each Disbursement this Period

758.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23846**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23847**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

758.37

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23848**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23849**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23850**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23851**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23852**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23853**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23854**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23855**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23856**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 3317 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23857**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23858**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23859**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23860**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23861**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23843**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23845

Amount of Each Disbursement this Period

23.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/FOOD AND BEVERAGE/PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I10517

Amount of Each Disbursement this Period

994.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23862

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

994.14

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23863**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23864**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23865**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23866

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23867

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23868

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23869**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23870**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23871**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23872**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23873**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23874**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23875**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23887**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City State Zip Code  
WEST PALM BEACH FL 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23879**

Amount of Each Disbursement this Period

26.65

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23876

Amount of Each Disbursement this Period

27.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23877

Amount of Each Disbursement this Period

20.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23878

Amount of Each Disbursement this Period

84.09

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 3326 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23880

Amount of Each Disbursement this Period

24.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23882

Amount of Each Disbursement this Period

94.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City State Zip Code  
STAMFORD CT 06902

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23883

Amount of Each Disbursement this Period

36.57

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23884**

Amount of Each Disbursement this Period

4.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9206**

Amount of Each Disbursement this Period

1462.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9431**

Amount of Each Disbursement this Period

1462.03

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2924.06

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9681**

Amount of Each Disbursement this Period

1335.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RAUL HENRIQUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9884**

Amount of Each Disbursement this Period

1335.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN HEYDENREICH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/PRINTING/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I10486**

Amount of Each Disbursement this Period

210.44

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2881.92

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN HEYDENREICH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23482**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN HEYDENREICH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23483**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN HEYDENREICH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23484**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN HEYDENREICH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23485

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23487

Amount of Each Disbursement this Period

32.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23486

Amount of Each Disbursement this Period

7.98

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN HEYDENREICH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9183**

Amount of Each Disbursement this Period

1966.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN HEYDENREICH**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9408**

Amount of Each Disbursement this Period

1966.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAROLINE HICKEY**

Mailing Address 2728 MCKINNON ST #1316

City State Zip Code  
DALLAS TX 75201

Purpose of Disbursement  
TAXI FARE/MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I10623**

Amount of Each Disbursement this Period

253.24

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4185.84

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAROLINE HICKEY**

Mailing Address 2728 MCKINNON ST #1316

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I20926

Amount of Each Disbursement this Period

47.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I20924

Amount of Each Disbursement this Period

44.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10096

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1211.60

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10282

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I10483

Amount of Each Disbursement this Period

26.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CARRABBA'S ITALIAN GRILL**

Mailing Address 9231 W FLAGLER ST

City State Zip Code  
MIAMI FL 33172

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I22579

Amount of Each Disbursement this Period

26.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1237.88

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10720**

Amount of Each Disbursement this Period

977.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22580**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22581**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

977.75

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22582**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22583**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22584**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22585**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22586**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22587**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22588**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22589**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22590**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22591**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22592**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22593**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22594**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22595**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22596**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22597**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22598**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22599**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22600**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22601**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22602**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22603**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22604**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22605**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22606**

Amount of Each Disbursement this Period

327.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9141**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9365**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2423.20

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9629**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH HORNING**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9831**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BRIAN HOWARD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10067**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3926.90

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 3345 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRIAN HOWARD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10254**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRIAN HOWARD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
TRANSPORTATION/MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I10455**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRIAN HOWARD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I20609**

Amount of Each Disbursement this Period

500.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2503.70

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 3346 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. U-HAUL**

Mailing Address 2727 N CENTRAL AVE

City  
PHOENIX

State  
AZ

Zip Code  
85004

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I24413

Amount of Each Disbursement this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRIAN HOWARD**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9105

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRIAN HOWARD**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9328

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3007.40

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3347 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRIAN HOWARD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9598**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRIAN HOWARD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9801**

Amount of Each Disbursement this Period

1503.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10071**

Amount of Each Disbursement this Period

1355.87

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4363.27

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10258

Amount of Each Disbursement this Period

1355.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/FOOD AND BEVERAGE/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I10403

Amount of Each Disbursement this Period

471.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20808

Amount of Each Disbursement this Period

437.58

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1827.63

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOMINO'S PIZZA LLC**

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City ANN ARBOR State MI Zip Code 48106

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20810

Amount of Each Disbursement this Period

14.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HY-VEE**

Mailing Address 528 S HWY 1

City WASHINGTON State IA Zip Code 52353

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20811

Amount of Each Disbursement this Period

11.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20809

Amount of Each Disbursement this Period

7.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/FOOD AND BEVERAGE/OFFICE  
EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I10581**

Amount of Each Disbursement this Period

804.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I20812**

Amount of Each Disbursement this Period

690.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HY-VEE**

Mailing Address 528 S HWY 1

City State Zip Code  
WASHINGTON IA 52353

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I20814**

Amount of Each Disbursement this Period

8.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

804.15

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HY-VEE**

Mailing Address 528 S HWY 1

City  
WASHINGTON

State  
IA

Zip Code  
52353

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I20817

Amount of Each Disbursement this Period

18.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I20813

Amount of Each Disbursement this Period

46.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I20815

Amount of Each Disbursement this Period

11.65

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE EQUIPMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I20816**

Amount of Each Disbursement this Period

28.74

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9109**

Amount of Each Disbursement this Period

1355.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9332**

Amount of Each Disbursement this Period

1355.87

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2711.74

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9602**

Amount of Each Disbursement this Period

1355.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CALEB HUEGEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9805**

Amount of Each Disbursement this Period

1355.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10079**

Amount of Each Disbursement this Period

1397.76

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4109.50

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10266**

Amount of Each Disbursement this Period

1397.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
CAR RENTAL/GAS/PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10721**

Amount of Each Disbursement this Period

378.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I21971**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1776.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I21972

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I21973

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I21974

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BP**

Mailing Address 640 SW 9TH ST

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I21970**

Amount of Each Disbursement this Period

19.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BUDGET CAR RENTAL**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I21968**

Amount of Each Disbursement this Period

209.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I21967**

Amount of Each Disbursement this Period

30.24

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9120**

Amount of Each Disbursement this Period

1397.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9343**

Amount of Each Disbursement this Period

1397.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9611**

Amount of Each Disbursement this Period

1397.76

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4193.28

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTIAN HULEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9813**

Amount of Each Disbursement this Period

1397.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10111**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10297**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3720.96

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3359 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/ADMISSION FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I10401**

Amount of Each Disbursement this Period

288.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22885**

Amount of Each Disbursement this Period

258.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/OFFICE  
EQUIPMENT/HARDWARE/PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I10558**

Amount of Each Disbursement this Period

516.28

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

805.03

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22887**

Amount of Each Disbursement this Period

332.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City State Zip Code  
DALLAS TX 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22893**

Amount of Each Disbursement this Period

25.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City State Zip Code  
ATLANTA GA 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22891**

Amount of Each Disbursement this Period

52.94

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I22890

Amount of Each Disbursement this Period

8.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I22889

Amount of Each Disbursement this Period

54.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PRINTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I10659

Amount of Each Disbursement this Period

330.71

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

330.71

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22894**

Amount of Each Disbursement this Period

294.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City State Zip Code  
DALLAS TX 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22895**

Amount of Each Disbursement this Period

35.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9161**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1161.60

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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PAGE 3363 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9386**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9644**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JASON HUMMERT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9846**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3484.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10113**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10300**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM/LODGING/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10379**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3856.66

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22945

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22946

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22947

Amount of Each Disbursement this Period

605.05

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22951

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22952

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22948

Amount of Each Disbursement this Period

136.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City State Zip Code  
FINDLAY OH 45840

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22949

Amount of Each Disbursement this Period

17.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I10440

Amount of Each Disbursement this Period

23.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22953

Amount of Each Disbursement this Period

23.58

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

23.58

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I10594

Amount of Each Disbursement this Period

546.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I22954

Amount of Each Disbursement this Period

354.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I22957

Amount of Each Disbursement this Period

178.09

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

546.02

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9163**

Amount of Each Disbursement this Period

1644.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9388**

Amount of Each Disbursement this Period

1644.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9646**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4716.33

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JESSE HUNT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9848**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10152**

Amount of Each Disbursement this Period

2942.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10338**

Amount of Each Disbursement this Period

2942.03

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7312.39

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/TAXI FARE/PER DIEM/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I10426**

Amount of Each Disbursement this Period

685.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I23904**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I23905**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

685.10

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I23906**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I24411**

Amount of Each Disbursement this Period

382.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I23907**

Amount of Each Disbursement this Period

15.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I23908**

Amount of Each Disbursement this Period

9.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I23909**

Amount of Each Disbursement this Period

7.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I23910**

Amount of Each Disbursement this Period

7.71

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I23911

Amount of Each Disbursement this Period

9.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I23912

Amount of Each Disbursement this Period

7.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I23913

Amount of Each Disbursement this Period

15.38

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I23916**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PER DIEM/TAXI FARE/TRANSPORTATION/INTERNET  
SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I10489**

Amount of Each Disbursement this Period

1061.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23918**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1061.95

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23919**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23920**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23921**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23927

Amount of Each Disbursement this Period

126.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City  
ITASCA

State  
IL

Zip Code  
60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23931

Amount of Each Disbursement this Period

21.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City  
MIAMI

State  
FL

Zip Code  
33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23930

Amount of Each Disbursement this Period

27.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OMNI SHOREHAM HOTEL**

Mailing Address 2500 CALVERT ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20008

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23922

Amount of Each Disbursement this Period

580.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TAXI CHARGE-DC**

Mailing Address 465 UTICA AVE

City  
BROOKLYN

State  
NY

Zip Code  
11203

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23926

Amount of Each Disbursement this Period

22.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City  
BOHEMIA

State  
NY

Zip Code  
11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23924

Amount of Each Disbursement this Period

51.41

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City  
BOHEMIA

State  
NY

Zip Code  
11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23925

Amount of Each Disbursement this Period

11.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23923

Amount of Each Disbursement this Period

11.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23928

Amount of Each Disbursement this Period

12.14

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23929**

Amount of Each Disbursement this Period

17.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
LODGING/PER DIEM/TAXI FARE/INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I10590**

Amount of Each Disbursement this Period

817.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23944**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

817.24

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23945**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23946**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23947**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23948**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23949**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23950**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23951**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23932**

Amount of Each Disbursement this Period

394.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23933**

Amount of Each Disbursement this Period

14.95

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23942

Amount of Each Disbursement this Period

14.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23934

Amount of Each Disbursement this Period

13.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23935

Amount of Each Disbursement this Period

17.29

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23936

Amount of Each Disbursement this Period

13.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23937

Amount of Each Disbursement this Period

13.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23938

Amount of Each Disbursement this Period

15.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23939

Amount of Each Disbursement this Period

23.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23940

Amount of Each Disbursement this Period

10.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23941

Amount of Each Disbursement this Period

25.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9208**

Amount of Each Disbursement this Period

3232.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9433**

Amount of Each Disbursement this Period

3232.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9684**

Amount of Each Disbursement this Period

2942.03

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

9406.45

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ROBERT KAREM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9887**

Amount of Each Disbursement this Period

2942.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANNIE KELLY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
OFFICE EQUIPMENT/FOOD AND BEVERAGE/PER DIEM/MILEAGE  
REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I10402**

Amount of Each Disbursement this Period

1631.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANNIE KELLY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I20564**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

4573.49

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANNIE KELLY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I20565**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANNIE KELLY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I20566**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANNIE KELLY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I20567**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANNIE KELLY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20568

Amount of Each Disbursement this Period

267.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City State Zip Code  
SEATTLE WA 98109

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20556

Amount of Each Disbursement this Period

94.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City State Zip Code  
SEATTLE WA 98109

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20557

Amount of Each Disbursement this Period

149.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CEDAR RAPIDS COUNTRY CLUB**

Mailing Address 550 27TH ST DR. SE

City CEDAR RAPIDS State IA Zip Code 52403

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I20563**

Amount of Each Disbursement this Period

317.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOMINO'S PIZZA LLC**

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City ANN ARBOR State MI Zip Code 48106

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I20554**

Amount of Each Disbursement this Period

17.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOMINO'S PIZZA LLC**

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City ANN ARBOR State MI Zip Code 48106

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I20555**

Amount of Each Disbursement this Period

13.89

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HY-VEE**

Mailing Address 528 S HWY 1

City  
WASHINGTON

State  
IA

Zip Code  
52353

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20558

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PAPA JOHN'S**

Mailing Address 2002 PAPA JOHNS BLVD

City  
LOUISVILLE

State  
KY

Zip Code  
40299

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20553

Amount of Each Disbursement this Period

43.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PAPA JOHN'S**

Mailing Address 2002 PAPA JOHNS BLVD

City  
LOUISVILLE

State  
KY

Zip Code  
40299

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20559

Amount of Each Disbursement this Period

113.45

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WATERFRONT SEAFOOD MARKET**

Mailing Address 2900 UNIVERSITY AVE

City State Zip Code  
WEST DES MOINES IA 50266

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20561

Amount of Each Disbursement this Period

250.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WELTER STORAGE EQUIPMENT CO., INC.**

Mailing Address 1945 BLAIRS FERRY RD NE

City State Zip Code  
CEDAR RAPIDS IA 52402

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I20560

Amount of Each Disbursement this Period

149.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANNIE KELLY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FOOD AND BEVERAGE/LODGING/TAXI FARE/MILEAGE  
REIMBURSEMENT/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I10564

Amount of Each Disbursement this Period

1830.76

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1830.76

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANNIE KELLY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I20583

Amount of Each Disbursement this Period

39.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DES MOINES RENTAL**

Mailing Address 4711 UNIVERSITY AVE

City State Zip Code  
DES MOINES IA 50311

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I20582

Amount of Each Disbursement this Period

278.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I20580

Amount of Each Disbursement this Period

347.89

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HY-VEE**

Mailing Address 528 S HWY 1

City  
WASHINGTON

State  
IA

Zip Code  
52353

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I20575

Amount of Each Disbursement this Period

15.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HY-VEE**

Mailing Address 528 S HWY 1

City  
WASHINGTON

State  
IA

Zip Code  
52353

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I20576

Amount of Each Disbursement this Period

14.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETHRO'S BBQ**

Mailing Address 3102 FOREST AVE

City  
DES MOINES

State  
IA

Zip Code  
50311

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I20572

Amount of Each Disbursement this Period

215.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ORIENTAL TRADING CO.**

Mailing Address P.O. BOX 2308

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I20581**

Amount of Each Disbursement this Period

272.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PAPA JOHN'S**

Mailing Address 2002 PAPA JOHNS BLVD

City State Zip Code  
LOUISVILLE KY 40299

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I20569**

Amount of Each Disbursement this Period

21.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City State Zip Code  
WEST PALM BEACH FL 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I20578**

Amount of Each Disbursement this Period

65.90

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TARGET**

Mailing Address 1000 NICOLLET MALL

City  
MINNEAPOLIS

State  
MN

Zip Code  
55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I20571

Amount of Each Disbursement this Period

87.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I20579

Amount of Each Disbursement this Period

66.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANA KLEIN**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10088

Amount of Each Disbursement this Period

2640.22

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2640.22

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10275**

Amount of Each Disbursement this Period

2640.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PER DIEM/CAR RENTAL/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I10482**

Amount of Each Disbursement this Period

677.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I22358**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3317.35

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I22359**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I22360**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BUDGET CAR RENTAL**

Mailing Address 6 SYLVAN WAY

City State Zip Code  
PARSIPPANY NJ 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I22362**

Amount of Each Disbursement this Period

237.34

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I22367

Amount of Each Disbursement this Period

3.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I22368

Amount of Each Disbursement this Period

15.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I22369

Amount of Each Disbursement this Period

218.52

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I22361

Amount of Each Disbursement this Period

33.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I22366

Amount of Each Disbursement this Period

13.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANA KLEIN**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
LODGING/PER DIEM/TAXI FARE/INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I10591

Amount of Each Disbursement this Period

385.94

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

385.94

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I22370**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I22371**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I22372**

Amount of Each Disbursement this Period

15.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RENAISSANCE HOTEL**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I22373

Amount of Each Disbursement this Period

272.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I22374

Amount of Each Disbursement this Period

12.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9130

Amount of Each Disbursement this Period

2906.81

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2906.81

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 31 2015

**Transaction ID : SB23.I9353**

Amount of Each Disbursement this Period

2906.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 13 2015

**Transaction ID : SB23.I9621**

Amount of Each Disbursement this Period

2640.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DANA KLEIN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 30 2015

**Transaction ID : SB23.I9823**

Amount of Each Disbursement this Period

2640.22

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8187.25

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VIRGINIA KNOTT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10169**

Amount of Each Disbursement this Period

3211.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VIRGINIA KNOTT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10353**

Amount of Each Disbursement this Period

3211.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VIRGINIA KNOTT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
CAR RENTAL/POSTAGE/PAPER/PRINTING/FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I10607**

Amount of Each Disbursement this Period

897.78

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7321.68

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ELRAC, LLC**

Mailing Address 1550 ROUTE 23

City State Zip Code  
WAYNE NJ 07470

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24239

Amount of Each Disbursement this Period

377.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24230

Amount of Each Disbursement this Period

99.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24240

Amount of Each Disbursement this Period

36.96

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24236

Amount of Each Disbursement this Period

16.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I24233

Amount of Each Disbursement this Period

53.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VIRGINIA KNOTT**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9227

Amount of Each Disbursement this Period

4414.55

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4414.55

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VIRGINIA KNOTT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9452**

Amount of Each Disbursement this Period

4414.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VIRGINIA KNOTT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9701**

Amount of Each Disbursement this Period

3211.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VIRGINIA KNOTT**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9903**

Amount of Each Disbursement this Period

3211.95

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

10838.45

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAVID KOCHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10091**

Amount of Each Disbursement this Period

5935.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAVID KOCHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10278**

Amount of Each Disbursement this Period

5935.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAVID KOCHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/FOOD AND BEVERAGE/TAXI FARE/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I10516**

Amount of Each Disbursement this Period

1442.76

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

13314.40

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22504

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FOUR SEASONS HOTELS**

Mailing Address 1165 LESLIE ST

City State Zip Code  
TORONTO ON 99999

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22508

Amount of Each Disbursement this Period

68.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22503

Amount of Each Disbursement this Period

19.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22526

Amount of Each Disbursement this Period

8.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22528

Amount of Each Disbursement this Period

8.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON AMERICAN GRILL**

Mailing Address 12245 KATY FWY

City State Zip Code  
HOUSTON TX 77079

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22522

Amount of Each Disbursement this Period

29.08

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22519

Amount of Each Disbursement this Period

6.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22523

Amount of Each Disbursement this Period

227.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22524

Amount of Each Disbursement this Period

48.33

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22525

Amount of Each Disbursement this Period

447.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HISTORIC PARK INN**

Mailing Address 15 W STATE ST

City State Zip Code  
MASON CITY IA 50401

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22505

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEDITERRANEO**

Mailing Address 32037 AGOURA RD

City State Zip Code  
WESTLAKE VILLAGE CA 91361

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22512

Amount of Each Disbursement this Period

21.44

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MEDITERRANEO**

Mailing Address 32037 AGOURA RD

City WESTLAKE VILLAGE State CA Zip Code 91361

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22513**

Amount of Each Disbursement this Period

25.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22500**

Amount of Each Disbursement this Period

12.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22502**

Amount of Each Disbursement this Period

18.92

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22506**

Amount of Each Disbursement this Period

4.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22507**

Amount of Each Disbursement this Period

10.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22509**

Amount of Each Disbursement this Period

56.78

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22511

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22514

Amount of Each Disbursement this Period

133.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I22515

Amount of Each Disbursement this Period

11.72

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22518**

Amount of Each Disbursement this Period

12.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22521**

Amount of Each Disbursement this Period

18.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22527**

Amount of Each Disbursement this Period

12.80

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTLAKE VILLAGE INN**

Mailing Address 31943 AGOURA RD

City State Zip Code  
WESTLAKE VILLAGE CA 91361

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22510**

Amount of Each Disbursement this Period

14.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTLAKE VILLAGE INN**

Mailing Address 31943 AGOURA RD

City State Zip Code  
WESTLAKE VILLAGE CA 91361

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22516**

Amount of Each Disbursement this Period

33.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAVID KOCHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I9039**

Amount of Each Disbursement this Period

20833.33

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

20833.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAVID KOCHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9358**

Amount of Each Disbursement this Period

4048.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAVID KOCHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9492**

Amount of Each Disbursement this Period

12693.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAVID KOCHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9624**

Amount of Each Disbursement this Period

5935.82

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

22677.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAVID KOCHER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9826**

Amount of Each Disbursement this Period

5935.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/MILEAGE REIMBURSEMENT/TAXI FARE/FOOD AND  
BEVERAGE/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10538**

Amount of Each Disbursement this Period

3405.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23383**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

9341.13

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23384**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23385**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23386**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23387**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23388**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23389**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23390**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23391**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23392**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23393**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23394**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23395**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23426

Amount of Each Disbursement this Period

423.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23424

Amount of Each Disbursement this Period

326.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23425

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City  
CANTON

State  
MA

Zip Code  
02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23417

Amount of Each Disbursement this Period

20.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOTEL 48LEX**

Mailing Address 517 LEXINGTON AVE

City  
NEW YORK

State  
NY

Zip Code  
10017

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23428

Amount of Each Disbursement this Period

353.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23413

Amount of Each Disbursement this Period

348.19

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. METRO TAXI**

Mailing Address 5909 E 38TH AVE

City  
DENVER

State  
CO

Zip Code  
80207

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23429**

Amount of Each Disbursement this Period

120.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City  
MIAMI

State  
FL

Zip Code  
33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23436**

Amount of Each Disbursement this Period

22.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OMNI SHOREHAM HOTEL**

Mailing Address 2500 CALVERT ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20008

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23397**

Amount of Each Disbursement this Period

222.04

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23396

Amount of Each Disbursement this Period

34.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23398

Amount of Each Disbursement this Period

71.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23399

Amount of Each Disbursement this Period

46.08

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23400

Amount of Each Disbursement this Period

37.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23401

Amount of Each Disbursement this Period

25.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23402

Amount of Each Disbursement this Period

13.90

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23403**

Amount of Each Disbursement this Period

8.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23404**

Amount of Each Disbursement this Period

17.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23405**

Amount of Each Disbursement this Period

25.11

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23406**

Amount of Each Disbursement this Period

14.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23407**

Amount of Each Disbursement this Period

11.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23408**

Amount of Each Disbursement this Period

41.39

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23409**

Amount of Each Disbursement this Period

6.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23410**

Amount of Each Disbursement this Period

4.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23411**

Amount of Each Disbursement this Period

23.57

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23412**

Amount of Each Disbursement this Period

28.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23430**

Amount of Each Disbursement this Period

21.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23431**

Amount of Each Disbursement this Period

17.17

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23432**

Amount of Each Disbursement this Period

37.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23433**

Amount of Each Disbursement this Period

5.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23434**

Amount of Each Disbursement this Period

38.68

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23435**

Amount of Each Disbursement this Period

35.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB--NY**

Mailing Address 180 GREENPOINT AVE

City State Zip Code  
BROOKLYN NY 11222

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23414**

Amount of Each Disbursement this Period

12.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB--NY**

Mailing Address 180 GREENPOINT AVE

City State Zip Code  
BROOKLYN NY 11222

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I23415**

Amount of Each Disbursement this Period

13.58

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I23419

Amount of Each Disbursement this Period

9.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9177

Amount of Each Disbursement this Period

2064.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KIERSTIN KOPPEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9402

Amount of Each Disbursement this Period

2064.94

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4129.88

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JON KRAUSHAR**

Mailing Address 286 MADISON AVE STE 907

City State Zip Code  
NEW YORK NY 10017

Purpose of Disbursement  
FOOD AND BEVERAGE/TAXI FARE/TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.I10737**

Amount of Each Disbursement this Period

848.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.I23037**

Amount of Each Disbursement this Period

49.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.I23039**

Amount of Each Disbursement this Period

21.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

848.13

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23041

Amount of Each Disbursement this Period

19.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23042

Amount of Each Disbursement this Period

22.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23047

Amount of Each Disbursement this Period

22.31

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.I23046**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.I23055**

Amount of Each Disbursement this Period

2.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.I23056**

Amount of Each Disbursement this Period

3.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23031

Amount of Each Disbursement this Period

20.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23049

Amount of Each Disbursement this Period

38.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23058

Amount of Each Disbursement this Period

23.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.I23059**

Amount of Each Disbursement this Period

64.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.I23038**

Amount of Each Disbursement this Period

6.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED CAB**

Mailing Address 5730 BRROK PARK RD

City CLEVELAND State OH Zip Code 44129

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.I23032**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED CAB**

Mailing Address 5730 BRROK PARK RD

City CLEVELAND State OH Zip Code 44129

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23035

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED CAB**

Mailing Address 5730 BRROK PARK RD

City CLEVELAND State OH Zip Code 44129

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23051

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED CAB**

Mailing Address 5730 BRROK PARK RD

City CLEVELAND State OH Zip Code 44129

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23057

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB CO.**

Mailing Address 86 GRANBY ST

City  
BLOOMFIELD

State  
CT

Zip Code  
06002

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23036

Amount of Each Disbursement this Period

55.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB CO.**

Mailing Address 86 GRANBY ST

City  
BLOOMFIELD

State  
CT

Zip Code  
06002

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23043

Amount of Each Disbursement this Period

21.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB CO.**

Mailing Address 86 GRANBY ST

City  
BLOOMFIELD

State  
CT

Zip Code  
06002

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I23044

Amount of Each Disbursement this Period

55.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATHAN LAMB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10145**

Amount of Each Disbursement this Period

2356.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATHAN LAMB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10331**

Amount of Each Disbursement this Period

2356.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATHAN LAMB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FACILITY RENTAL/UTILITIES/MILEAGE REIMBURSEMENT/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I10545**

Amount of Each Disbursement this Period

5024.58

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

9738.44

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATHAN LAMB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23737**

Amount of Each Disbursement this Period

500.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAPITOL HILL SERVICES, INC**

Mailing Address 700 MAMMOTH RD

City State Zip Code  
MANCHESTER NH 03104

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23743**

Amount of Each Disbursement this Period

799.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA CITY OK 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23738**

Amount of Each Disbursement this Period

239.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JACK THE LIQUIDATOR**

Mailing Address 291 SHASTA ST

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
OFFICE FURNITURE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23747**

Amount of Each Disbursement this Period

300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MCAULIFFE-SHEPARD DISCOVERY CENTER**

Mailing Address 2 INSTITUTE DR.

City CONCORD State NH Zip Code 03301

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23750**

Amount of Each Disbursement this Period

950.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NESTLE PURE LIFE**

Mailing Address P.O. BOX 856680

City LOUISVILLE State KY Zip Code 40285

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23748**

Amount of Each Disbursement this Period

103.14

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SALEM SCHOOL DISTRICT**

Mailing Address 8828 ANTIOCH RD

City State Zip Code  
SALEM WI 53168

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23744

Amount of Each Disbursement this Period

341.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SERESC**

Mailing Address 29 COMMERCE DR.

City State Zip Code  
BEDFORD NH 03110

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23739

Amount of Each Disbursement this Period

1150.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE WILD ROVER**

Mailing Address 21 KOSCIUSZKO ST

City State Zip Code  
MANCHESTER NH 03101

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23740

Amount of Each Disbursement this Period

204.14

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATHAN LAMB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9201**

Amount of Each Disbursement this Period

2639.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATHAN LAMB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9426**

Amount of Each Disbursement this Period

2639.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATHAN LAMB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9678**

Amount of Each Disbursement this Period

2356.93

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7636.53

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATHAN LAMB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9880**

Amount of Each Disbursement this Period

2356.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10084**

Amount of Each Disbursement this Period

1335.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10271**

Amount of Each Disbursement this Period

1335.74

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5028.41

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/INTERNET SERVICE/PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I10431**

Amount of Each Disbursement this Period

1750.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22023**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22024**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1750.12

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22025**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22026**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22027**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22028**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22049**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22050**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 12 2015

**Transaction ID : SB23.I22051**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 12 2015

**Transaction ID : SB23.I22052**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 12 2015

**Transaction ID : SB23.I22053**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22054**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22055**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22056**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 12 2015

**Transaction ID : SB23.I22057**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 12 2015

**Transaction ID : SB23.I22058**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 12 2015

**Transaction ID : SB23.I22059**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22029**

Amount of Each Disbursement this Period

286.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22045**

Amount of Each Disbursement this Period

286.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22040**

Amount of Each Disbursement this Period

3.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22044

Amount of Each Disbursement this Period

19.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22047

Amount of Each Disbursement this Period

21.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22048

Amount of Each Disbursement this Period

15.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22041

Amount of Each Disbursement this Period

15.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22042

Amount of Each Disbursement this Period

11.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22043

Amount of Each Disbursement this Period

7.56

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22030**

Amount of Each Disbursement this Period

26.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22031**

Amount of Each Disbursement this Period

60.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I22032**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22033

Amount of Each Disbursement this Period

17.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22034

Amount of Each Disbursement this Period

25.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22035

Amount of Each Disbursement this Period

43.44

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22036

Amount of Each Disbursement this Period

22.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22037

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22038

Amount of Each Disbursement this Period

9.43

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22046

Amount of Each Disbursement this Period

43.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22060

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALL STREET JOURNAL**

Mailing Address 200 LIBERTY ST

City  
NEW YORK

State  
NY

Zip Code  
10281

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I22039

Amount of Each Disbursement this Period

28.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/PRINTING/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

**Transaction ID : SB23.I10438**

Amount of Each Disbursement this Period

317.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

**Transaction ID : SB23.I22061**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

**Transaction ID : SB23.I22062**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

317.77

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I22063

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I22064

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I22065

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I22066

Amount of Each Disbursement this Period

19.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I22067

Amount of Each Disbursement this Period

3.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I22068

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

**Transaction ID : SB23.I22069**

Amount of Each Disbursement this Period

14.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PER DIEM/TAXI FARE/PHONE SERVICE/PRINTING/SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I10505**

Amount of Each Disbursement this Period

1194.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PER DIEM**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22090**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1194.81

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I22091**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I22092**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I22093**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I22094

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I22095

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I22096

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22097**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22098**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22099**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22100**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22101**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City State Zip Code  
DALLAS TX 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22072**

Amount of Each Disbursement this Period

286.07

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22073

Amount of Each Disbursement this Period

8.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22079

Amount of Each Disbursement this Period

1.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22074

Amount of Each Disbursement this Period

7.31

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22070**

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22071**

Amount of Each Disbursement this Period

71.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22075**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22076

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22078

Amount of Each Disbursement this Period

38.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22080

Amount of Each Disbursement this Period

15.45

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22081

Amount of Each Disbursement this Period

18.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22082

Amount of Each Disbursement this Period

6.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22083

Amount of Each Disbursement this Period

9.11

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22084**

Amount of Each Disbursement this Period

18.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22085**

Amount of Each Disbursement this Period

15.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I22086**

Amount of Each Disbursement this Period

10.06

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22087

Amount of Each Disbursement this Period

11.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22088

Amount of Each Disbursement this Period

13.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22089

Amount of Each Disbursement this Period

15.14

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALL STREET JOURNAL**

Mailing Address 200 LIBERTY ST

City  
NEW YORK

State Zip Code  
NY 10281

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22077

Amount of Each Disbursement this Period

28.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City  
MIAMI

State Zip Code  
FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I10554

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City  
MIAMI

State Zip Code  
FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22102

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

250.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22103**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22104**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22105**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22106

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/PHONE SERVICE/SUBSCRIPTION/INTERNET  
SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I10656

Amount of Each Disbursement this Period

518.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I22112

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

518.51

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22113**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22114**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22115**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22116**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City State Zip Code  
DALLAS TX 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22107**

Amount of Each Disbursement this Period

220.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22109**

Amount of Each Disbursement this Period

12.95

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I22108

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I22110

Amount of Each Disbursement this Period

95.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALL STREET JOURNAL**

Mailing Address 200 LIBERTY ST

City State Zip Code  
NEW YORK NY 10281

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I22111

Amount of Each Disbursement this Period

28.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
GAS/FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I10687**

Amount of Each Disbursement this Period

75.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22117**

Amount of Each Disbursement this Period

47.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9126**

Amount of Each Disbursement this Period

1462.03

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1537.39

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9349**

Amount of Each Disbursement this Period

1462.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9617**

Amount of Each Disbursement this Period

1335.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLEMAN LAPOINTE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9819**

Amount of Each Disbursement this Period

1335.74

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4133.51

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HEATHER LARRISON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10105**

Amount of Each Disbursement this Period

4384.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HEATHER LARRISON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10291**

Amount of Each Disbursement this Period

4384.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HEATHER LARRISON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9151**

Amount of Each Disbursement this Period

6333.76

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

15101.90

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. HEATHER LARRISON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9375**

Amount of Each Disbursement this Period

6333.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HEATHER LARRISON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9638**

Amount of Each Disbursement this Period

4384.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HEATHER LARRISON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9840**

Amount of Each Disbursement this Period

4384.07

☐ Memo Item

**Subtotal Of Receipts This Page** (optional)..... 15101.90

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NICHOLAS LAURISEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10146**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NICHOLAS LAURISEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10332**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NICHOLAS LAURISEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9881**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3634.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10131**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10317**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10387**

Amount of Each Disbursement this Period

355.68

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3212.34

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23488**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23489**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23490**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23491

Amount of Each Disbursement this Period

210.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
CAR RENTAL/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

Transaction ID : SB23.I10522

Amount of Each Disbursement this Period

927.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVIS**

Mailing Address 6 SYLVAN WAY

City State Zip Code  
PARSIPPANY NJ 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

Transaction ID : SB23.I23492

Amount of Each Disbursement this Period

256.24

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

927.88

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVIS**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

**Transaction ID : SB23.I23493**

Amount of Each Disbursement this Period

548.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN LEE**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I10606**

Amount of Each Disbursement this Period

204.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN LEE**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23496**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

204.78

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23497**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23498**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CENTRAL CAB**

Mailing Address 740 ALTON RD

City State Zip Code  
MIAMI BEACH FL 33139

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23499**

Amount of Each Disbursement this Period

32.08

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23500**

Amount of Each Disbursement this Period

6.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23501**

Amount of Each Disbursement this Period

6.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I23502**

Amount of Each Disbursement this Period

14.61

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9184**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9409**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9664**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4284.99

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN LEE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9866**

Amount of Each Disbursement this Period

1428.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MRS. MEIKE S. LEMIEUX**

Mailing Address 2743 NE 30TH ST

City State Zip Code  
LIGHTHOUSE POINT FL 33064-8522

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.183189**

Amount of Each Disbursement this Period

337.08

☐ Memo Item  
CATERING

Full Name (Last, First, Middle Initial)

## **C. ANNE LESSER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10061**

Amount of Each Disbursement this Period

1882.54

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3647.95

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANNE LESSER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10248**

Amount of Each Disbursement this Period

1882.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANNE LESSER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9099**

Amount of Each Disbursement this Period

2064.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANNE LESSER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9322**

Amount of Each Disbursement this Period

2064.94

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6012.42

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANNE LESSER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9592**

Amount of Each Disbursement this Period

1882.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANNE LESSER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9795**

Amount of Each Disbursement this Period

1882.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JAMES R LESTER**

Mailing Address 2863 HAMILTON RD

City State Zip Code  
AUBURN AL 36830

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10184**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6765.08

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JAMES R LESTER**

Mailing Address 2863 HAMILTON RD

City  
AUBURN

State  
AL

Zip Code  
36830

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9531**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JAMES R LESTER**

Mailing Address 2863 HAMILTON RD

City  
AUBURN

State  
AL

Zip Code  
36830

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I9973**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BLAKE LIDNER**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10063**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4211.60

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BLAKE LIDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10250**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BLAKE LIDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9101**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BLAKE LIDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9324**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3634.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3500 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BLAKE LIDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9594**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BLAKE LIDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9797**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BLAKE LINDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10734**

Amount of Each Disbursement this Period

185.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2608.20

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 3501 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BLAKE LINDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20584**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BLAKE LINDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20585**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BLAKE LINDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20586**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3502 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BLAKE LINDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20587**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BLAKE LINDNER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20588**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City State Zip Code  
DENVER CO 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20589**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3503 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20590**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANDREW J. LITTLEFAIR**

Mailing Address 853 VIA LIDO SOUD

City  
**NEWPORT BEACH**

State  
**CA**

Zip Code  
**92663**

Purpose of Disbursement  
**FOOD AND BEVERAGE/FACILITY RENTAL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9534**

Amount of Each Disbursement this Period

611.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MRS. MARION LITTLEFAIR**

Mailing Address 24 DRAKE ST

City  
**NEWPORT BEACH**

State  
**CA**

Zip Code  
**92663-4455**

Purpose of Disbursement  
**IN-KIND CONTRIBUTION**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.165680**

Amount of Each Disbursement this Period

1700.00

☐ Memo Item

CATERING

Subtotal Of Receipts This Page (optional).....

2311.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANA MARIA LOPEZ**

Mailing Address 9452 SW 124TH TER

City  
MIAMI

State  
FL

Zip Code  
33176-5061

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.160014**

Amount of Each Disbursement this Period

750.00

☐ Memo Item  
**OFFICE FURNITURE**

Full Name (Last, First, Middle Initial)

**B. JOLYN LORENZETTI**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10117**

Amount of Each Disbursement this Period

1764.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JOLYN LORENZETTI**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10304**

Amount of Each Disbursement this Period

1764.25

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

4278.50

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3505 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOLYN LORENZETTI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I10512**

Amount of Each Disbursement this Period

61.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City State Zip Code  
DALLAS TX 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I23007**

Amount of Each Disbursement this Period

61.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOLYN LORENZETTI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I10544**

Amount of Each Disbursement this Period

492.30

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

554.10

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3506 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23008**

Amount of Each Disbursement this Period

236.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23009**

Amount of Each Disbursement this Period

200.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23010**

Amount of Each Disbursement this Period

56.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOLYN LORENZETTI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FOOD AND BEVERAGE/TAXI FARE/PHONE SERVICE/GAS/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I10681**

Amount of Each Disbursement this Period

355.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City State Zip Code  
DALLAS TX 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23029**

Amount of Each Disbursement this Period

61.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City State Zip Code  
CANTON MA 02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23018**

Amount of Each Disbursement this Period

8.41

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

355.92

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City  
CANTON

State  
MA

Zip Code  
02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23019

Amount of Each Disbursement this Period

12.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City  
ITASCA

State  
IL

Zip Code  
60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23027

Amount of Each Disbursement this Period

6.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23011

Amount of Each Disbursement this Period

32.06

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23015**

Amount of Each Disbursement this Period

26.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23023**

Amount of Each Disbursement this Period

16.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23024**

Amount of Each Disbursement this Period

12.92

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23022**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City  
**DEERFIELD**

State  
**IL**

Zip Code  
**60015**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23017**

Amount of Each Disbursement this Period

10.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOLYN LORENZETTI**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9167**

Amount of Each Disbursement this Period

2134.67

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2134.67

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JOLYN LORENZETTI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9392**

Amount of Each Disbursement this Period

2134.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOLYN LORENZETTI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9650**

Amount of Each Disbursement this Period

1764.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JOLYN LORENZETTI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9852**

Amount of Each Disbursement this Period

1764.25

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5663.17

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEREK LYONS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9137**

Amount of Each Disbursement this Period

3545.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DEREK LYONS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9361**

Amount of Each Disbursement this Period

3545.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10104**

Amount of Each Disbursement this Period

1126.85

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8218.69

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10290

Amount of Each Disbursement this Period

1126.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM/GAS/ADMISSION FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I10406

Amount of Each Disbursement this Period

761.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22727

Amount of Each Disbursement this Period

539.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1888.66

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22728**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22729**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CASEY'S GENERAL STORE**

Mailing Address 1 CONVENIENCE BLVD

City State Zip Code  
ANKENY IA 50021

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22731**

Amount of Each Disbursement this Period

15.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HY-VEE**

Mailing Address 528 S HWY 1

City  
WASHINGTON

State  
IA

Zip Code  
52353

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22734

Amount of Each Disbursement this Period

36.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KUM & GO**

Mailing Address 822 1ST AVE

City  
CORALVILLE

State  
IA

Zip Code  
52241

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22732

Amount of Each Disbursement this Period

18.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM/GAS/PARKING/FOOD AND  
BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB23.I10586

Amount of Each Disbursement this Period

497.92

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

497.92

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB23.I22741

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB23.I22742

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB23.I22743

Amount of Each Disbursement this Period

297.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CASEY'S GENERAL STORE**

Mailing Address 1 CONVENIENCE BLVD

City  
ANKENY

State  
IA

Zip Code  
50021

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I22736**

Amount of Each Disbursement this Period

23.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KUM & GO**

Mailing Address 822 1ST AVE

City  
CORALVILLE

State  
IA

Zip Code  
52241

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I22737**

Amount of Each Disbursement this Period

24.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I22740**

Amount of Each Disbursement this Period

25.77

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9150**

Amount of Each Disbursement this Period

1126.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9374**

Amount of Each Disbursement this Period

1126.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9637**

Amount of Each Disbursement this Period

1126.85

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3380.55

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 3519 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EVAN MACHAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9839**

Amount of Each Disbursement this Period

1126.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRIAN P. MAIN**

Mailing Address 1346 ELM VIEW AVE

City State Zip Code  
NORFOLK VA 23503

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9026**

Amount of Each Disbursement this Period

215.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10154**

Amount of Each Disbursement this Period

1771.02

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3112.87

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10340**

Amount of Each Disbursement this Period

1771.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PER DIEM/TAXI FARE/CAR RENTAL/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I10490**

Amount of Each Disbursement this Period

3305.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23952**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5076.29

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3521 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23953**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23954**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23955**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23956**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23957**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23958**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23959**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23960**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23961**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23962**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23963**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23964**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23965**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23966**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23967**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3526 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23968**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23969**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23970**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23971

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23972

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23973

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23974**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23975**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23976**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23977**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALAMO CAR RENTAL**

Mailing Address 15 TRANSPORTATION WAY

City State Zip Code  
EAST BOSTON MA 02128

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23998**

Amount of Each Disbursement this Period

116.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ALAMO CAR RENTAL**

Mailing Address 15 TRANSPORTATION WAY

City State Zip Code  
EAST BOSTON MA 02128

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23999**

Amount of Each Disbursement this Period

237.25

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3530 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23985

Amount of Each Disbursement this Period

24.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DESERT CAB**

Mailing Address 4675 WYNN RD

City LAS VEGAS State NV Zip Code 89103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23979

Amount of Each Disbursement this Period

74.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DESERT CAB**

Mailing Address 4675 WYNN RD

City LAS VEGAS State NV Zip Code 89103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23981

Amount of Each Disbursement this Period

60.83

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23994

Amount of Each Disbursement this Period

228.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23996

Amount of Each Disbursement this Period

477.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HISTORIC PARK INN**

Mailing Address 15 W STATE ST

City State Zip Code  
MASON CITY IA 50401

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23995

Amount of Each Disbursement this Period

132.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LYFT**

Mailing Address 548 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94104

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23978

Amount of Each Disbursement this Period

55.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LYFT**

Mailing Address 548 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94104

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23989

Amount of Each Disbursement this Period

39.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23997

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OMNI SHOREHAM HOTEL**

Mailing Address 2500 CALVERT ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20008

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23984

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23986

Amount of Each Disbursement this Period

20.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23980

Amount of Each Disbursement this Period

11.17

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23982

Amount of Each Disbursement this Period

35.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23983

Amount of Each Disbursement this Period

75.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23987

Amount of Each Disbursement this Period

14.97

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23988**

Amount of Each Disbursement this Period

6.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23990**

Amount of Each Disbursement this Period

28.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23991**

Amount of Each Disbursement this Period

42.55

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23992

Amount of Each Disbursement this Period

34.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23993

Amount of Each Disbursement this Period

46.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I10560

Amount of Each Disbursement this Period

970.42

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

970.42

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24000**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24001**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24002**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24003**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24004**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24005**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24006**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24007**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24008**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I24009

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I24010

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I24011

Amount of Each Disbursement this Period

25.06

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24014**

Amount of Each Disbursement this Period

53.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24015**

Amount of Each Disbursement this Period

14.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24016**

Amount of Each Disbursement this Period

5.20

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 3542 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24018**

Amount of Each Disbursement this Period

43.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24019**

Amount of Each Disbursement this Period

54.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I24020**

Amount of Each Disbursement this Period

17.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I24012

Amount of Each Disbursement this Period

70.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I24017

Amount of Each Disbursement this Period

44.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I24021

Amount of Each Disbursement this Period

45.41

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/LODGING/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I10683**

Amount of Each Disbursement this Period

980.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24022**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24023**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

980.21

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 3545 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24024**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24025**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24026**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24027**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24028**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24029**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3547 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24030**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24031**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24032**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24033**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24034**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24035**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 3549 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City  
ATLANTA

State  
GA

Zip Code  
30346

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24046**

Amount of Each Disbursement this Period

213.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24036**

Amount of Each Disbursement this Period

24.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24037**

Amount of Each Disbursement this Period

37.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3550 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I24039

Amount of Each Disbursement this Period

38.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I24042

Amount of Each Disbursement this Period

56.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I24043

Amount of Each Disbursement this Period

50.05

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 3551 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24044**

Amount of Each Disbursement this Period

9.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24045**

Amount of Each Disbursement this Period

13.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24047**

Amount of Each Disbursement this Period

15.82

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 3552 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB CO.**

Mailing Address 86 GRANBY ST

City  
BLOOMFIELD

State  
CT

Zip Code  
06002

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I24038

Amount of Each Disbursement this Period

44.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB CO.**

Mailing Address 86 GRANBY ST

City  
BLOOMFIELD

State  
CT

Zip Code  
06002

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I24041

Amount of Each Disbursement this Period

31.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9210

Amount of Each Disbursement this Period

2150.40

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2150.40

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 3553 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9435**

Amount of Each Disbursement this Period

2150.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9686**

Amount of Each Disbursement this Period

1771.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RUPERT MANDERSTAM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9889**

Amount of Each Disbursement this Period

1771.02

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5692.44

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3554 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CESAR MARTINEZ**

Mailing Address 1212 E EUCLID AVE

City State Zip Code  
SAN ANTONIO TX 78212

Purpose of Disbursement  
LODGING/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I10550**

Amount of Each Disbursement this Period

536.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I20934**

Amount of Each Disbursement this Period

512.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I20935**

Amount of Each Disbursement this Period

23.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

536.30

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3555 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10171**

Amount of Each Disbursement this Period

1833.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10355**

Amount of Each Disbursement this Period

1833.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/LODGING/TAXI FARE/TOLLS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10386**

Amount of Each Disbursement this Period

2343.18

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6009.18

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24278**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24279**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24280**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24281**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24286**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24287**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3558 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24288**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24289**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24290**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3559 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24291**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24292**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24293**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3560 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24294**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24295**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24296**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3561 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24302**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24303**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24304**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 3562 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24305**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24306**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24307**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. WILLIAM MARTINEZ

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24308

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. WILLIAM MARTINEZ

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24309

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. WILLIAM MARTINEZ

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24310

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3564 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24311**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24314**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24315**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3565 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24316**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24317**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24318**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3566 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24319**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24320**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24321**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24322**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24323**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24324**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24325**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24326**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24327**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3569 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24274

Amount of Each Disbursement this Period

24.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24275

Amount of Each Disbursement this Period

122.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24276

Amount of Each Disbursement this Period

10.53

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3570 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24277

Amount of Each Disbursement this Period

11.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24282

Amount of Each Disbursement this Period

24.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24283

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 3571 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24284**

Amount of Each Disbursement this Period

12.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24285**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24297**

Amount of Each Disbursement this Period

57.06

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 3572 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24298**

Amount of Each Disbursement this Period

14.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24299**

Amount of Each Disbursement this Period

18.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24300**

Amount of Each Disbursement this Period

26.35

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24301**

Amount of Each Disbursement this Period

4.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24312**

Amount of Each Disbursement this Period

14.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I24313**

Amount of Each Disbursement this Period

25.14

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3574 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I24328

Amount of Each Disbursement this Period

15.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/LODGING/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I10461

Amount of Each Disbursement this Period

1553.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I24329

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1553.88

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3575 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24330**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24331**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24332**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3576 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24333**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24334**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24335**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24336**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24337**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24338**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I24339**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I24340**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I24341**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 3579 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24342**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24343**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24344**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3580 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I24345**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I24348**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I24349**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24350**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24351**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24352**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 3582 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24353**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24354**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

**Transaction ID : SB23.I24355**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 3583 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I24356

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I24357

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HISTORIC PARK INN**

Mailing Address 15 W STATE ST

City State Zip Code  
MASON CITY IA 50401

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I24346

Amount of Each Disbursement this Period

110.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3584 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I10647**

Amount of Each Disbursement this Period

537.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24358**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24359**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

537.91

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3585 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24360**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24361**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24364**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3586 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24365**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24366**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24367**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3587 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24368**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24369**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24362**

Amount of Each Disbursement this Period

13.93

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24363**

Amount of Each Disbursement this Period

13.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PER DIEM/TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I10700**

Amount of Each Disbursement this Period

797.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24370**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

797.58

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24371**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24372**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24373**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 3590 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24374**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24375**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24376**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3591 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24377**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24378**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24379**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3592 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24380**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24381**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24382**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3593 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24383**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24384**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24385**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3594 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24386**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24387**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24388**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3595 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24389**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24390**

Amount of Each Disbursement this Period

13.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24391**

Amount of Each Disbursement this Period

13.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3596 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24392**

Amount of Each Disbursement this Period

13.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24393**

Amount of Each Disbursement this Period

14.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I24394**

Amount of Each Disbursement this Period

14.04

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24395

Amount of Each Disbursement this Period

14.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I24396

Amount of Each Disbursement this Period

14.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9230

Amount of Each Disbursement this Period

2106.61

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2106.61

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9455**

Amount of Each Disbursement this Period

2106.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9703**

Amount of Each Disbursement this Period

1833.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MARTINEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9905**

Amount of Each Disbursement this Period

1833.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5772.61

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JORDAN MAYNARD**

Mailing Address 3873 ZEBULON HWY

City State Zip Code  
PIKEVILLE KY 41501

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PARKING/PRINTING/EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

Transaction ID : SB23.I10460

Amount of Each Disbursement this Period

589.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JORDAN MAYNARD**

Mailing Address 3873 ZEBULON HWY

City State Zip Code  
PIKEVILLE KY 41501

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

Transaction ID : SB23.I23068

Amount of Each Disbursement this Period

508.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 19 2015

Transaction ID : SB23.I23071

Amount of Each Disbursement this Period

17.01

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

589.40

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JORDAN MAYNARD**

Mailing Address 3873 ZEBULON HWY

City State Zip Code  
PIKEVILLE KY 41501

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PARKING/POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I10658

Amount of Each Disbursement this Period

1533.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JORDAN MAYNARD**

Mailing Address 3873 ZEBULON HWY

City State Zip Code  
PIKEVILLE KY 41501

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23078

Amount of Each Disbursement this Period

1504.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UPS**

Mailing Address 55 GLENLAKE PARKWAY NE

City State Zip Code  
ATLANTA GA 30328

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23082

Amount of Each Disbursement this Period

14.22

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1533.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JORDAN MAYNARD**

Mailing Address 3873 ZEBULON HWY

City PIKEVILLE State KY Zip Code 41501

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I9244

Amount of Each Disbursement this Period

1983.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JORDAN MAYNARD**

Mailing Address 3873 ZEBULON HWY

City PIKEVILLE State KY Zip Code 41501

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I9773

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10082

Amount of Each Disbursement this Period

2246.66

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7729.99

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10269**

Amount of Each Disbursement this Period

2246.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/TAXI FARE/PER DIEM/PARKING/AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I10481**

Amount of Each Disbursement this Period

988.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I21956**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3235.22

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I21957**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I21958**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I21960**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I21966

Amount of Each Disbursement this Period

583.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I21963

Amount of Each Disbursement this Period

38.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I21964

Amount of Each Disbursement this Period

23.57

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I21965**

Amount of Each Disbursement this Period

80.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB--NY**

Mailing Address 180 GREENPOINT AVE

City  
**BROOKLYN**

State  
**NY**

Zip Code  
**11222**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I21961**

Amount of Each Disbursement this Period

10.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB--NY**

Mailing Address 180 GREENPOINT AVE

City  
**BROOKLYN**

State  
**NY**

Zip Code  
**11222**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I21962**

Amount of Each Disbursement this Period

51.41

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9124**

Amount of Each Disbursement this Period

2473.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9347**

Amount of Each Disbursement this Period

2473.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9615**

Amount of Each Disbursement this Period

2246.66

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

7193.18

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTOPHER MCMILLAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9817**

Amount of Each Disbursement this Period

2246.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARA MELLSTROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10136**

Amount of Each Disbursement this Period

1865.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARA MELLSTROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10322**

Amount of Each Disbursement this Period

1865.27

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5977.20

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARA MELLSTROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9191**

Amount of Each Disbursement this Period

1966.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARA MELLSTROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9416**

Amount of Each Disbursement this Period

1966.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARA MELLSTROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9669**

Amount of Each Disbursement this Period

1865.27

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5797.87

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARA MELLSTROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9871**

Amount of Each Disbursement this Period

1865.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DANIELLE MENDHEIM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9133**

Amount of Each Disbursement this Period

1494.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DANIELLE MENDHEIM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9356**

Amount of Each Disbursement this Period

1494.45

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4854.17

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOHN MILES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10115**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOHN MILES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10302**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOHN MILES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I10565**

Amount of Each Disbursement this Period

743.94

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3117.14

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 3611 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOHN MILES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22971**

Amount of Each Disbursement this Period

743.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOHN MILES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9165**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOHN MILES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9390**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2373.20

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 3612 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JOHN MILES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9648**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHN MILES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9850**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM MILLER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10166**

Amount of Each Disbursement this Period

3663.35

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6036.55

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TIM MILLER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10351

Amount of Each Disbursement this Period

3663.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TIM MILLER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
INSURANCE/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I10686

Amount of Each Disbursement this Period

952.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I24194

Amount of Each Disbursement this Period

71.15

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

4616.10

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 3614 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED HEALTHCARE**

Mailing Address 9900 BREN RD E

City  
MINNETONKA

State  
MN

Zip Code  
55343

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24195**

Amount of Each Disbursement this Period

287.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED HEALTHCARE**

Mailing Address 9900 BREN RD E

City  
MINNETONKA

State  
MN

Zip Code  
55343

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24196**

Amount of Each Disbursement this Period

287.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED HEALTHCARE**

Mailing Address 9900 BREN RD E

City  
MINNETONKA

State  
MN

Zip Code  
55343

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I24197**

Amount of Each Disbursement this Period

307.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. TIM MILLER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9223**

Amount of Each Disbursement this Period

4030.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TIM MILLER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9448**

Amount of Each Disbursement this Period

4030.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM MILLER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9698**

Amount of Each Disbursement this Period

3663.35

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11723.65

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3616 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TIM MILLER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9900**

Amount of Each Disbursement this Period

3663.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10073**

Amount of Each Disbursement this Period

1126.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10260**

Amount of Each Disbursement this Period

1126.56

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5916.47

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/FOOD AND BEVERAGE/OFFICE  
SUPPLIES/PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10377**

Amount of Each Disbursement this Period

814.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20874**

Amount of Each Disbursement this Period

271.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LOWES**

Mailing Address 222 S RIVER RD

City State Zip Code  
BEDFORD NH 03110

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20867**

Amount of Each Disbursement this Period

14.62

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

814.90

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3618 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LOWES**

Mailing Address 222 S RIVER RD

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20871

Amount of Each Disbursement this Period

16.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20872

Amount of Each Disbursement this Period

75.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20873

Amount of Each Disbursement this Period

11.67

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PAPA JOHN'S**

Mailing Address 2002 PAPA JOHNS BLVD

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20860

Amount of Each Disbursement this Period

132.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PARTY CITY**

Mailing Address 25 GREEN POND ROAD

City ROCKAWAY State NJ Zip Code 07866

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20869

Amount of Each Disbursement this Period

22.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PUBLIX**

Mailing Address 3300 PUBLIX CORPORATE PKWY

City LAKELAND State FL Zip Code 33811

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20857

Amount of Each Disbursement this Period

6.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PUBLIX**

Mailing Address 3300 PUBLIX CORPORATE PKWY

City LAKELAND State FL Zip Code 33811

Purpose of Disbursement  
OFFICE SUPPLIES/FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20858

Amount of Each Disbursement this Period

15.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20859

Amount of Each Disbursement this Period

93.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I20866

Amount of Each Disbursement this Period

52.59

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I20870**

Amount of Each Disbursement this Period

88.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**MILEAGE REIMBURSEMENT/FOOD AND BEVERAGE/PARKING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I10453**

Amount of Each Disbursement this Period

924.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**MILEAGE REIMBURSEMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I20875**

Amount of Each Disbursement this Period

568.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

924.82

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I20876**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City State Zip Code  
ATLANTA GA 30349

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I20885**

Amount of Each Disbursement this Period

102.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL'S**

Mailing Address 8000 BENT BRANCH DR.

City State Zip Code  
IRVING TX 75063

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I20878**

Amount of Each Disbursement this Period

4.49

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I20877

Amount of Each Disbursement this Period

3.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PARTY CITY**

Mailing Address 25 GREEN POND ROAD

City ROCKAWAY State NJ Zip Code 07866

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I20884

Amount of Each Disbursement this Period

22.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I20880

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I20881**

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I20882**

Amount of Each Disbursement this Period

116.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I20886**

Amount of Each Disbursement this Period

37.82

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I20887**

Amount of Each Disbursement this Period

4.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**FOOD AND BEVERAGE/PRINTING/OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I10508**

Amount of Each Disbursement this Period

392.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30349**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I20888**

Amount of Each Disbursement this Period

124.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

392.03

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CVS**

Mailing Address 1 CVS DR.

City  
WOONSOCKET

State  
RI

Zip Code  
02895

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I20894**

Amount of Each Disbursement this Period

38.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City  
BOCA RATON

State  
FL

Zip Code  
33496

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I20891**

Amount of Each Disbursement this Period

22.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City  
BOCA RATON

State  
FL

Zip Code  
33496

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I20893**

Amount of Each Disbursement this Period

37.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3627 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I20897

Amount of Each Disbursement this Period

80.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I20890

Amount of Each Disbursement this Period

10.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
CATERING/MILEAGE REIMBURSEMENT/PRINTING/FOOD AND  
BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I10650

Amount of Each Disbursement this Period

915.97

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

915.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3628 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I20898

Amount of Each Disbursement this Period

330.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City State Zip Code  
ATLANTA GA 30349

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I20899

Amount of Each Disbursement this Period

76.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City State Zip Code  
ATLANTA GA 30349

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I20900

Amount of Each Disbursement this Period

102.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3629 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20901**

Amount of Each Disbursement this Period

102.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20904**

Amount of Each Disbursement this Period

17.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20905**

Amount of Each Disbursement this Period

38.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3630 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20906**

Amount of Each Disbursement this Period

38.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20907**

Amount of Each Disbursement this Period

57.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20908**

Amount of Each Disbursement this Period

67.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3631 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PAPA JOHN'S**

Mailing Address 2002 PAPA JOHNS BLVD

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20902**

Amount of Each Disbursement this Period

39.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PUBLIX**

Mailing Address 3300 PUBLIX CORPORATE PKWY

City LAKELAND State FL Zip Code 33811

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I20903**

Amount of Each Disbursement this Period

44.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9113**

Amount of Each Disbursement this Period

1126.56

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1126.56

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3632 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9336**

Amount of Each Disbursement this Period

1126.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9604**

Amount of Each Disbursement this Period

1126.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMLIN MOORE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9807**

Amount of Each Disbursement this Period

1126.56

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3379.68

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEANE MORRIS**

Mailing Address 9636 N KINGS HWY

City  
MYRTLE BEACH

State  
SC

Zip Code  
29572-4006

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.182224**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item  
OFFICE SPACE

Full Name (Last, First, Middle Initial)

## **B. MALLORY MORRIS**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10135**

Amount of Each Disbursement this Period

1228.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MALLORY MORRIS**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10321**

Amount of Each Disbursement this Period

1228.57

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5157.14

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 3634 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MALLORY MORRIS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9190**

Amount of Each Disbursement this Period

1228.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MALLORY MORRIS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9415**

Amount of Each Disbursement this Period

1228.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MALLORY MORRIS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9668**

Amount of Each Disbursement this Period

1228.57

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3685.71

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3635 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MALLORY MORRIS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9870**

Amount of Each Disbursement this Period

1228.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10072**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10259**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3551.77

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/PRINTING/POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I10480**

Amount of Each Disbursement this Period

299.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20819**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I20820**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

299.71

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20821

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20822

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City State Zip Code  
BOCA RATON FL 33496

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20824

Amount of Each Disbursement this Period

72.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20825

Amount of Each Disbursement this Period

19.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I10604

Amount of Each Disbursement this Period

192.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I20826

Amount of Each Disbursement this Period

192.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

192.50

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I10643**

Amount of Each Disbursement this Period

385.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20828**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20829**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

385.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20830**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20831**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20832**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20833**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20834**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20835**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20836**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20837**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I20838**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I20839

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I20840

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I20827

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10726**

Amount of Each Disbursement this Period

408.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20841**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20842**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

408.95

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20843**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20844**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20845**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20846**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20847**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20848**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20849**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20850**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20851**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20852**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20853**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20854**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20855**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City State Zip Code  
AKRON OH 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20856**

Amount of Each Disbursement this Period

33.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9112**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1161.60

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9335**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9603**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMILLE MORROW**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9806**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3484.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 3651 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10164**

Amount of Each Disbursement this Period

1709.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10349**

Amount of Each Disbursement this Period

1709.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/OFFICE SUPPLIES/EQUIPMENT  
PURCHASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I10411**

Amount of Each Disbursement this Period

282.52

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3702.42

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I24198

Amount of Each Disbursement this Period

68.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City State Zip Code  
ATLANTA GA 30339

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I24201

Amount of Each Disbursement this Period

74.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PAPA JOHN'S**

Mailing Address 2002 PAPA JOHNS BLVD

City State Zip Code  
LOUISVILLE KY 40299

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I24200

Amount of Each Disbursement this Period

51.41

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I24199

Amount of Each Disbursement this Period

87.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/OFFICE EQUIPMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I10648

Amount of Each Disbursement this Period

389.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I24202

Amount of Each Disbursement this Period

265.08

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

389.04

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I24203

Amount of Each Disbursement this Period

92.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I24204

Amount of Each Disbursement this Period

30.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9221

Amount of Each Disbursement this Period

1756.26

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1756.26

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9446**

Amount of Each Disbursement this Period

1756.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9696**

Amount of Each Disbursement this Period

1709.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THOMAS MULKEEN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9898**

Amount of Each Disbursement this Period

1709.95

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5176.16

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10106**

Amount of Each Disbursement this Period

1539.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10292**

Amount of Each Disbursement this Period

1539.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10537**

Amount of Each Disbursement this Period

543.38

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3621.72

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I22784**

Amount of Each Disbursement this Period

543.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I10622**

Amount of Each Disbursement this Period

1183.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22785**

Amount of Each Disbursement this Period

683.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1183.10

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3658 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22786**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22787**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22788**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3659 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22789**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22790**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22791**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3660 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22792**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22793**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22794**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 3661 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22795**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22796**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22797**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3662 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22798**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22799**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22800**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3663 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22801**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22802**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22803**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 3664 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22804**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I22805**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9152**

Amount of Each Disbursement this Period

1539.17

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1539.17

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3665 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9376**

Amount of Each Disbursement this Period

1539.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9639**

Amount of Each Disbursement this Period

1539.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HUNTER MULLINS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9841**

Amount of Each Disbursement this Period

1539.17

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4617.51

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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PAGE 3666 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

**A. JUSTIN MUZINICH**

Mailing Address 125 E 63 ST APT 9A

City  
NEW YORKState  
NYZip Code  
10022Purpose of Disbursement  
POLICY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I9029

Amount of Each Disbursement this Period

11438.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City  
MIAMIState  
FLZip Code  
33144Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10087

Amount of Each Disbursement this Period

1117.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City  
MIAMIState  
FLZip Code  
33144Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10274

Amount of Each Disbursement this Period

1117.24

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

13672.48

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
TAXI FARE/MILEAGE REIMBURSEMENT/DELIVERY

SERVICE/TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I10548

Amount of Each Disbursement this Period

1434.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I22229

Amount of Each Disbursement this Period

218.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I22251

Amount of Each Disbursement this Period

162.15

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1434.15

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I22217

Amount of Each Disbursement this Period

327.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I22226

Amount of Each Disbursement this Period

158.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I22219

Amount of Each Disbursement this Period

40.25

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22220**

Amount of Each Disbursement this Period

15.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22221**

Amount of Each Disbursement this Period

14.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22241**

Amount of Each Disbursement this Period

21.09

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22245**

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22246**

Amount of Each Disbursement this Period

29.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22248**

Amount of Each Disbursement this Period

21.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PANERA BREAD**

Mailing Address 10061 W FLAGLER ST

City State Zip Code  
MIAMI FL 33174

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22242**

Amount of Each Disbursement this Period

9.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22225**

Amount of Each Disbursement this Period

20.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City State Zip Code  
SEATTLE WA 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22223**

Amount of Each Disbursement this Period

7.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22250**

Amount of Each Disbursement this Period

15.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22228**

Amount of Each Disbursement this Period

36.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I22232**

Amount of Each Disbursement this Period

11.38

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I22233

Amount of Each Disbursement this Period

5.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I22234

Amount of Each Disbursement this Period

10.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I22230

Amount of Each Disbursement this Period

1.97

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I22239

Amount of Each Disbursement this Period

9.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/FOOD AND BEVERAGE/PARKING/EVENT  
TICKET/TOLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10584

Amount of Each Disbursement this Period

2548.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I22252

Amount of Each Disbursement this Period

796.38

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2548.73

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I22263**

Amount of Each Disbursement this Period

437.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I22278**

Amount of Each Disbursement this Period

469.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I22255**

Amount of Each Disbursement this Period

176.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. APPLE SCRAPPLE**

Mailing Address P.O. BOX 206

City  
**BRIDGEVILLE**

State  
**DE**

Zip Code  
**19933**

Purpose of Disbursement  
**EVENT TICKET**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I22262**

Amount of Each Disbursement this Period

250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVIS**

Mailing Address 6 SYLVAN WAY

City  
**PARSIPPANY**

State  
**NJ**

Zip Code  
**07054**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I22277**

Amount of Each Disbursement this Period

116.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CVS**

Mailing Address 1 CVS DR.

City  
**WOONSOCKET**

State  
**RI**

Zip Code  
**02895**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I22257**

Amount of Each Disbursement this Period

8.77

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City  
CANTON

State  
MA

Zip Code  
02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I22253

Amount of Each Disbursement this Period

8.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I22256

Amount of Each Disbursement this Period

29.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I22258

Amount of Each Disbursement this Period

7.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I22273

Amount of Each Disbursement this Period

7.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PRINTING/LEGAL FEE/FOOD AND  
BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I10655

Amount of Each Disbursement this Period

1231.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I22279

Amount of Each Disbursement this Period

1145.98

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1231.35

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22280**

Amount of Each Disbursement this Period

38.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22281**

Amount of Each Disbursement this Period

14.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UPS**

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22283**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TRANSPORTATION/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10722**

Amount of Each Disbursement this Period

183.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22284**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22285**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

183.04

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22286**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22287**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9129**

Amount of Each Disbursement this Period

1117.24

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1117.24

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9352**

Amount of Each Disbursement this Period

1117.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9620**

Amount of Each Disbursement this Period

1117.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CURTIN MYERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9822**

Amount of Each Disbursement this Period

1117.24

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3351.72

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARTHA MYERS**

Mailing Address 201 BUCKMINSTER RD

City State Zip Code  
BROOKLINE MA 02445

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I10696

Amount of Each Disbursement this Period

946.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City State Zip Code  
TULSA OK 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I23552

Amount of Each Disbursement this Period

946.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TREVOR NAGLIERI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10168

Amount of Each Disbursement this Period

453.58

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1399.58

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TREVOR NAGLIERI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I10593

Amount of Each Disbursement this Period

1229.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TREVOR NAGLIERI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I24225

Amount of Each Disbursement this Period

1229.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TREVOR NAGLIERI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/OFFICE FURNITURE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I10690

Amount of Each Disbursement this Period

236.80

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1465.92

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TREVOR NAGLIERI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I24227

Amount of Each Disbursement this Period

197.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I24226

Amount of Each Disbursement this Period

38.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TREVOR NAGLIERI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9225

Amount of Each Disbursement this Period

1126.68

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1126.68

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TREVOR NAGLIERI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9450**

Amount of Each Disbursement this Period

1126.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TREVOR NAGLIERI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9700**

Amount of Each Disbursement this Period

1126.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TREVOR NAGLIERI**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9902**

Amount of Each Disbursement this Period

1126.68

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3380.04

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. TIM NANK**

Mailing Address 5684 TOWER HILL CIR

City ALEXANDRIA State VA Zip Code 22315

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I10036

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TIM NANK**

Mailing Address 5684 TOWER HILL CIR

City ALEXANDRIA State VA Zip Code 22315

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I9963

Amount of Each Disbursement this Period

1666.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EMMA NELSON**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10099

Amount of Each Disbursement this Period

2681.89

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6848.55

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10285**

Amount of Each Disbursement this Period

2681.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I10428**

Amount of Each Disbursement this Period

258.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22656**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2940.18

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I22658

Amount of Each Disbursement this Period

162.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I22657

Amount of Each Disbursement this Period

11.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PER DIEM/FOOD AND BEVERAGE/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I10484

Amount of Each Disbursement this Period

575.40

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

575.40

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I22660

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I22661

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I22666

Amount of Each Disbursement this Period

145.08

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I22667**

Amount of Each Disbursement this Period

145.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMMA NELSON**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**TAXI FARE/PER DIEM**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10723**

Amount of Each Disbursement this Period

601.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMMA NELSON**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PER DIEM**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22673**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

601.92

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22674**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CENTRAL CAB**

Mailing Address 740 ALTON RD

City State Zip Code  
MIAMI BEACH FL 33139

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22677**

Amount of Each Disbursement this Period

41.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I22669**

Amount of Each Disbursement this Period

153.13

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I22675

Amount of Each Disbursement this Period

217.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I22672

Amount of Each Disbursement this Period

35.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I22670

Amount of Each Disbursement this Period

51.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I22671

Amount of Each Disbursement this Period

18.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I22676

Amount of Each Disbursement this Period

13.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I24412

Amount of Each Disbursement this Period

11.26

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9144**

Amount of Each Disbursement this Period

2948.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9368**

Amount of Each Disbursement this Period

2948.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9632**

Amount of Each Disbursement this Period

2681.89

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8578.85

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMMA NELSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9834**

Amount of Each Disbursement this Period

2681.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10116**

Amount of Each Disbursement this Period

2441.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10303**

Amount of Each Disbursement this Period

2441.69

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7565.27

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10382**

Amount of Each Disbursement this Period

283.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I22972**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I22973**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

283.15

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22974

Amount of Each Disbursement this Period

19.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22975

Amount of Each Disbursement this Period

19.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22976

Amount of Each Disbursement this Period

23.35

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22977

Amount of Each Disbursement this Period

46.74

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB--MIAMI**

Mailing Address 1201 NW LE JEUNE RD

City State Zip Code  
MIAMI FL 33126

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I22979

Amount of Each Disbursement this Period

49.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/LODGING/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

Transaction ID : SB23.I10519

Amount of Each Disbursement this Period

864.51

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

864.51

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22986**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22983**

Amount of Each Disbursement this Period

396.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22984**

Amount of Each Disbursement this Period

270.07

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI INTERNATIONAL AIRPORT**

Mailing Address 2100 NW 42 AVE

City State Zip Code  
MIAMI FL 33126

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22985**

Amount of Each Disbursement this Period

34.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22980**

Amount of Each Disbursement this Period

11.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22981**

Amount of Each Disbursement this Period

31.79

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I22982**

Amount of Each Disbursement this Period

65.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/AIRFARE/PER DIEM/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I10661**

Amount of Each Disbursement this Period

2072.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22987**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2072.94

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22988**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22989**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22990**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22991**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22998**

Amount of Each Disbursement this Period

282.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23003**

Amount of Each Disbursement this Period

640.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CENTRAL CAB**

Mailing Address 740 ALTON RD

City State Zip Code  
MIAMI BEACH FL 33139

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23006

Amount of Each Disbursement this Period

33.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI INTERNATIONAL AIRPORT**

Mailing Address 2100 NW 42 AVE

City State Zip Code  
MIAMI FL 33126

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23005

Amount of Each Disbursement this Period

34.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHERATON**

Mailing Address 1 STAR POINT

City State Zip Code  
STAMFORD CT 06902

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I22999

Amount of Each Disbursement this Period

585.34

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I22992

Amount of Each Disbursement this Period

10.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I22993

Amount of Each Disbursement this Period

10.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I22994

Amount of Each Disbursement this Period

7.39

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22995**

Amount of Each Disbursement this Period

11.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22996**

Amount of Each Disbursement this Period

7.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I22997**

Amount of Each Disbursement this Period

6.39

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23000**

Amount of Each Disbursement this Period

24.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23001**

Amount of Each Disbursement this Period

23.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I23002**

Amount of Each Disbursement this Period

10.29

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9166**

Amount of Each Disbursement this Period

2102.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9391**

Amount of Each Disbursement this Period

2102.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9649**

Amount of Each Disbursement this Period

2441.69

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6647.19

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOHN NOONAN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9851**

Amount of Each Disbursement this Period

2441.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JACK OLIVER**

Mailing Address P.O. BOX 50102

City State Zip Code  
CLAYTON MO 63105

Purpose of Disbursement  
LODGING/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I10424**

Amount of Each Disbursement this Period

258.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I22806**

Amount of Each Disbursement this Period

245.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2700.59

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I22807

Amount of Each Disbursement this Period

13.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JACK OLIVER**

Mailing Address P.O. BOX 50102

City State Zip Code  
CLAYTON MO 63105

Purpose of Disbursement  
LODGING/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I10433

Amount of Each Disbursement this Period

688.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FOUR SEASONS HOTELS**

Mailing Address 1165 LESLIE ST

City State Zip Code  
TORONTO ON 99999

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I22808

Amount of Each Disbursement this Period

289.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

688.16

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE METROPOLITAN CLUB**

Mailing Address 1700 H ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB23.I22810**

Amount of Each Disbursement this Period

314.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT OLIVIER**

Mailing Address 80 CHAUNCEY AVE

City  
MANCHESTER

State  
NH

Zip Code  
03104

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9921**

Amount of Each Disbursement this Period

10500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT OLIVIER**

Mailing Address 80 CHAUNCEY AVE

City  
MANCHESTER

State  
NH

Zip Code  
03104

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9924**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

14000.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAVID OMAN**

Mailing Address 1533 LINDEN ST STE 200

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I10004**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAVID OMAN**

Mailing Address 1533 LINDEN ST STE 200

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9033**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAVID OMAN**

Mailing Address 1533 LINDEN ST STE 200

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9483**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

14000.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STEPHEN PALISKA**

Mailing Address PO BOX 16635

City

IRVINE

State

CA

Zip Code

92623-6635

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.165681**

Amount of Each Disbursement this Period

540.00

☐ Memo Item  
VALET SERVICE

Full Name (Last, First, Middle Initial)

## **B. JAMES PATTERSON**

Mailing Address 3017 N STATE ST

City

JACKSON

State

MS

Zip Code

39216

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10050**

Amount of Each Disbursement this Period

325.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARCUS PEACOCK**

Mailing Address P.O. BOX 440669

City

MIAMI

State

FL

Zip Code

33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10137**

Amount of Each Disbursement this Period

3021.29

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3886.29

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARCUS PEACOCK**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10323

Amount of Each Disbursement this Period

3021.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARCUS PEACOCK**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10425

Amount of Each Disbursement this Period

110.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARCUS PEACOCK**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I23549

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3131.29

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. MARCUS PEACOCK

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I23550

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. MARCUS PEACOCK

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9192

Amount of Each Disbursement this Period

3440.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## C. MARCUS PEACOCK

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9417

Amount of Each Disbursement this Period

3440.36

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6880.72

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARCUS PEACOCK**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9670**

Amount of Each Disbursement this Period

3021.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARCUS PEACOCK**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9872**

Amount of Each Disbursement this Period

3021.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NILDA R. PEDROSA**

Mailing Address 6640 SW 122 ST

City State Zip Code  
PINECREST FL 33146

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9038**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8542.58

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NILDA R. PEDROSA**

Mailing Address 6640 SW 122 ST

City  
PINECREST

State  
FL

Zip Code  
33146

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9482**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. APRIL PONNURU**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9023**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. APRIL PONNURU**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
COMMUNICATIONS CONSULTING/LODGING/TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9481**

Amount of Each Disbursement this Period

6312.82

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

14812.82

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. APRIL PONNURU**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I9995**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOSE PRADERE**

Mailing Address 16501 NW 82ND PL

City State Zip Code  
HIALEAH FL 33016-3490

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 18 / 2015

**Transaction ID : SB23.161754**

Amount of Each Disbursement this Period

995.00

☐ Memo Item

OFFICE FURNITURE

Full Name (Last, First, Middle Initial)

**C. ALLEN PULLIZA DEL TORO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9093**

Amount of Each Disbursement this Period

1854.19

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5849.19

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3720 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALLEN PULLIZA DEL TORO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9316**

Amount of Each Disbursement this Period

1854.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SALVATORE PURPURA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10157**

Amount of Each Disbursement this Period

3570.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SALVATORE PURPURA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10342**

Amount of Each Disbursement this Period

3570.11

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8994.41

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SALVATORE PURPURA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9213**

Amount of Each Disbursement this Period

4042.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SALVATORE PURPURA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9438**

Amount of Each Disbursement this Period

4042.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SALVATORE PURPURA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9689**

Amount of Each Disbursement this Period

3570.11

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

11655.79

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SALVATORE PURPURA**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9892**

Amount of Each Disbursement this Period

3570.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELLIE PURVIS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9218**

Amount of Each Disbursement this Period

2906.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELLIE PURVIS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9443**

Amount of Each Disbursement this Period

2906.81

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

9383.73

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELLIE PURVIS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9693**

Amount of Each Disbursement this Period

1471.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ZACH QUINN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10172**

Amount of Each Disbursement this Period

1372.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ZACH QUINN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10356**

Amount of Each Disbursement this Period

1372.76

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4216.76

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ZACH QUINN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PARKING/FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I10646**

Amount of Each Disbursement this Period

293.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ZACH QUINN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24397**

Amount of Each Disbursement this Period

272.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City State Zip Code  
HOUSTON TX 77002

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I24398**

Amount of Each Disbursement this Period

4.61

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

293.16

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ZACH QUINN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9231**

Amount of Each Disbursement this Period

1372.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ZACH QUINN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9456**

Amount of Each Disbursement this Period

1372.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ZACH QUINN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9704**

Amount of Each Disbursement this Period

1372.76

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4118.28

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ZACH QUINN**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9906**

Amount of Each Disbursement this Period

1372.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10129**

Amount of Each Disbursement this Period

1106.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10315**

Amount of Each Disbursement this Period

1106.91

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3586.58

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I10408**

Amount of Each Disbursement this Period

1056.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23455**

Amount of Each Disbursement this Period

966.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23456**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1056.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23457**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9181**

Amount of Each Disbursement this Period

1106.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9406**

Amount of Each Disbursement this Period

1106.91

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2213.82

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9662**

Amount of Each Disbursement this Period

1106.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KYLE RADON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9864**

Amount of Each Disbursement this Period

1106.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRIANNA RAMIREZ**

Mailing Address 450 N ARLINGTON AVE STE 901

City State Zip Code  
RENO NV 89503

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I10645**

Amount of Each Disbursement this Period

14.95

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2228.77

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I20614

Amount of Each Disbursement this Period

14.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRIANNA RAMIREZ**

Mailing Address 450 N ARLINGTON AVE STE 901

City RENO State NV Zip Code 89503

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I9068

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRIANNA RAMIREZ**

Mailing Address 450 N ARLINGTON AVE STE 901

City RENO State NV Zip Code 89503

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

Transaction ID : SB23.I9461

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2000.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRIANNA RAMIREZ**

Mailing Address 450 N ARLINGTON AVE STE 901

City State Zip Code  
**RENO NV 89503**

Purpose of Disbursement  
**POLITICAL STRATEGY CONSULTING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9953**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JASON RECHER**

Mailing Address 2437 FERN ST

City State Zip Code  
**NEW ORLEANS LA 70125**

Purpose of Disbursement  
**AIRFARE/PER DIEM/TAXI FARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I10551**

Amount of Each Disbursement this Period

207.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JASON RECHER**

Mailing Address 2437 FERN ST

City State Zip Code  
**NEW ORLEANS LA 70125**

Purpose of Disbursement  
**PER DIEM**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22896**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1207.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 3732 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JASON RECHER**

Mailing Address 2437 FERN ST

City  
**NEW ORLEANS**

State  
**LA**

Zip Code  
**70125**

Purpose of Disbursement  
**PER DIEM**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22897**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City  
**LONG ISLAND CITY**

State  
**NY**

Zip Code  
**11101**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22899**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City  
**AMARILLO**

State  
**TX**

Zip Code  
**79109**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22898**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22900**

Amount of Each Disbursement this Period

75.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10083**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10270**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

2323.20

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I10695**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22015**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22016**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

200.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3735 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22017**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22018**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22019**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3736 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22020**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22021**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22022**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3737 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9125**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9348**

Amount of Each Disbursement this Period

1187.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9616**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3510.79

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3738 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHRISTOPHER REESE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9818**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DEANNA REID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10092**

Amount of Each Disbursement this Period

1546.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEANNA REID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10279**

Amount of Each Disbursement this Period

1546.22

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4254.04

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3739 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEANNA REID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9136**

Amount of Each Disbursement this Period

1882.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DEANNA REID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9360**

Amount of Each Disbursement this Period

1882.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEANNA REID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9625**

Amount of Each Disbursement this Period

1546.22

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5312.16

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3740 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEANNA REID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9827**

Amount of Each Disbursement this Period

1546.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KATHERINE RHODES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10123**

Amount of Each Disbursement this Period

2598.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KATHERINE RHODES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10309**

Amount of Each Disbursement this Period

2598.55

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6743.32

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3741 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KATHERINE RHODES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9173**

Amount of Each Disbursement this Period

2862.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KATHERINE RHODES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9398**

Amount of Each Disbursement this Period

2862.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KATHERINE RHODES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9656**

Amount of Each Disbursement this Period

2598.55

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8323.97

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KATHERINE RHODES**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9858**

Amount of Each Disbursement this Period

2598.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VICTORIA RIVERS**

Mailing Address 2201 BONNIE BRAE AVE

City State Zip Code  
LAS VEGAS NV 89102

Purpose of Disbursement  
FOOD AND BEVERAGE/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I10587**

Amount of Each Disbursement this Period

44.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I24228**

Amount of Each Disbursement this Period

12.24

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2642.57

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3743 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VICTORIA RIVERS**

Mailing Address 2201 BONNIE BRAE AVE

City  
LAS VEGAS

State  
NV

Zip Code  
89102

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9032**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VICTORIA RIVERS**

Mailing Address 2201 BONNIE BRAE AVE

City  
LAS VEGAS

State  
NV

Zip Code  
89102

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9477**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VICTORIA RIVERS**

Mailing Address 2201 BONNIE BRAE AVE

City  
LAS VEGAS

State  
NV

Zip Code  
89102

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9964**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3000.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3744 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10101**

Amount of Each Disbursement this Period

1644.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10287**

Amount of Each Disbursement this Period

1644.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM/PARKING/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I10395**

Amount of Each Disbursement this Period

282.86

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3571.02

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3745 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I22688**

Amount of Each Disbursement this Period

99.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I22692**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I22693**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I22694**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CVS**

Mailing Address 1 CVS DR.

City State Zip Code  
WOONSOCKET RI 02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I22690**

Amount of Each Disbursement this Period

2.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM/PARKING/FOOD AND  
BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I10557**

Amount of Each Disbursement this Period

634.89

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

634.89

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I22695

Amount of Each Disbursement this Period

166.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I22696

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I22697

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22698**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22699**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22700**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 3749 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22701**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22702**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22703**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 3750 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22704**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CVS**

Mailing Address 1 CVS DR.

City State Zip Code  
WOONSOCKET RI 02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22705**

Amount of Each Disbursement this Period

2.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CVS**

Mailing Address 1 CVS DR.

City State Zip Code  
WOONSOCKET RI 02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I22706**

Amount of Each Disbursement this Period

3.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 3751 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM/FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I10652**

Amount of Each Disbursement this Period

573.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22708**

Amount of Each Disbursement this Period

332.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22709**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

573.63

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22710**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22711**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22712**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 3753 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22713**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22714**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CVS**

Mailing Address 1 CVS DR.

City State Zip Code  
WOONSOCKET RI 02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I22715**

Amount of Each Disbursement this Period

3.78

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CVS**

Mailing Address 1 CVS DR.

City  
WOONSOCKET

State  
RI

Zip Code  
02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I22716

Amount of Each Disbursement this Period

2.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NEVADA REPUBLICAN PARTY**

Mailing Address P.O. BOX 95125

City  
LAS VEGAS

State  
NV

Zip Code  
89193

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I22717

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9146

Amount of Each Disbursement this Period

1741.54

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1741.54

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9370**

Amount of Each Disbursement this Period

1741.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9634**

Amount of Each Disbursement this Period

1644.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC ROBERTS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9836**

Amount of Each Disbursement this Period

1644.08

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5029.70

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ABIGAIL ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10055**

Amount of Each Disbursement this Period

2723.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ABIGAIL ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10242**

Amount of Each Disbursement this Period

2723.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ABIGAIL ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I10592**

Amount of Each Disbursement this Period

309.76

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5756.86

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3757 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ABIGAIL ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I17627**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ABIGAIL ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I17628**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CROWNE PLAZA**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I17629**

Amount of Each Disbursement this Period

110.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 3758 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I17631**

Amount of Each Disbursement this Period

6.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I17632**

Amount of Each Disbursement this Period

51.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ABIGAIL ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9091**

Amount of Each Disbursement this Period

2990.15

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2990.15

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3759 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ABIGAIL ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9314**

Amount of Each Disbursement this Period

2990.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ABIGAIL ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9585**

Amount of Each Disbursement this Period

2723.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ABIGAIL ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9788**

Amount of Each Disbursement this Period

2723.55

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8437.25

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RYAN ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10155**

Amount of Each Disbursement this Period

1153.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RYAN ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10341**

Amount of Each Disbursement this Period

1153.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RYAN ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9211**

Amount of Each Disbursement this Period

1153.87

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3461.61

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RYAN ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9436**

Amount of Each Disbursement this Period

1179.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RYAN ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9687**

Amount of Each Disbursement this Period

1153.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RYAN ROBINSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9890**

Amount of Each Disbursement this Period

1153.87

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3487.59

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. AMBERT RODRIGUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10058**

Amount of Each Disbursement this Period

2127.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMBERT RODRIGUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10245**

Amount of Each Disbursement this Period

2127.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMBERT RODRIGUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9095**

Amount of Each Disbursement this Period

2353.13

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

6608.15

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. AMBERT RODRIGUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9318**

Amount of Each Disbursement this Period

2353.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMBERT RODRIGUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9588**

Amount of Each Disbursement this Period

2127.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMBERT RODRIGUEZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9791**

Amount of Each Disbursement this Period

2127.51

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6608.15

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10068**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10255**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I10663**

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2773.20

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20616**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20617**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20618**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20619**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20620**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20621**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20622**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20623**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20624**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20625**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I20615**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/GAS/OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10729**

Amount of Each Disbursement this Period

729.59

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

729.59

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20629**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20630**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20631**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3770 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I20632

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I20633

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I20634

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20635**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20636**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20637**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20638**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20639**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20640**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20641**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20642**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20643**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20644**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20645**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20646**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20647**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20648**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20649**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20650**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20651**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20652**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20653**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20654**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BP**

Mailing Address 640 SW 9TH ST

City State Zip Code  
DES MOINES IA 50309

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20627**

Amount of Each Disbursement this Period

36.57

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20628**

Amount of Each Disbursement this Period

25.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I20626**

Amount of Each Disbursement this Period

17.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9106**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1211.60

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9329**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9599**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRITTANY ROGERS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9802**

Amount of Each Disbursement this Period

1211.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3634.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KERRY ROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10125**

Amount of Each Disbursement this Period

1420.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KERRY ROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10311**

Amount of Each Disbursement this Period

1420.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KERRY ROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9175**

Amount of Each Disbursement this Period

1637.27

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4478.47

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KERRY ROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9400**

Amount of Each Disbursement this Period

1637.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KERRY ROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9658**

Amount of Each Disbursement this Period

1420.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KERRY ROM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9860**

Amount of Each Disbursement this Period

1420.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4478.47

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TONY ROSADO**

Mailing Address 1050 W FOOTHILL BLVD

City  
ARCADIA

State  
CA

Zip Code  
91006-1940

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 16 / 2015

**Transaction ID : SB23.181092**

Amount of Each Disbursement this Period

708.50

☐ Memo Item  
CATERING

Full Name (Last, First, Middle Initial)

## **B. CHARLES RUSSELL**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10076**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES RUSSELL**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10263**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3031.70

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES RUSSELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/FOOD AND BEVERAGE/OFFICE  
EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I10595**

Amount of Each Disbursement this Period

288.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES RUSSELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I21913**

Amount of Each Disbursement this Period

163.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I21914**

Amount of Each Disbursement this Period

84.44

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

288.56

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHARLES RUSSELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9117**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES RUSSELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9340**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES RUSSELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9608**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3484.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. CHARLES RUSSELL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9810**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STEPHAN SAVASTANO**

Mailing Address 149 BELMOHR ST

City State Zip Code  
BELLEVILLE NJ 07109

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10161**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STEPHAN SAVASTANO**

Mailing Address 149 BELMOHR ST

City State Zip Code  
BELLEVILLE NJ 07109

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10346**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3484.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ROBERT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10160**

Amount of Each Disbursement this Period

3294.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10345**

Amount of Each Disbursement this Period

3294.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9217**

Amount of Each Disbursement this Period

3500.15

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10089.91

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ROBERT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9442**

Amount of Each Disbursement this Period

3500.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROBERT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9692**

Amount of Each Disbursement this Period

3294.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROBERT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9895**

Amount of Each Disbursement this Period

3294.88

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10089.91

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/CAR RENTAL/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I10393**

Amount of Each Disbursement this Period

419.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I24144**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I24145**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

419.70

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I24146

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I24147

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA CITY OK 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I24143

Amount of Each Disbursement this Period

143.71

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I24140**

Amount of Each Disbursement this Period

33.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PER DIEM/GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10540**

Amount of Each Disbursement this Period

346.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24148**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

346.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24149**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24150**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SCOTT SCHEID**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I24151**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24152

Amount of Each Disbursement this Period

25.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24153

Amount of Each Disbursement this Period

16.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STEPHEN SCHWARTZ**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10163

Amount of Each Disbursement this Period

2175.49

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2175.49

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 3793 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. STEPHEN SCHWARTZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10348**

Amount of Each Disbursement this Period

2175.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STEPHEN SCHWARTZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9220**

Amount of Each Disbursement this Period

2371.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STEPHEN SCHWARTZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9445**

Amount of Each Disbursement this Period

2371.93

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6919.35

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3794 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. STEPHEN SCHWARTZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9695**

Amount of Each Disbursement this Period

2175.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STEPHEN SCHWARTZ**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9897**

Amount of Each Disbursement this Period

2175.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MATTHEW SCULLY**

Mailing Address 6601 E LINCOLN DR.

City State Zip Code  
PARADISE VALLEY AZ 85253

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8989**

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

16850.98

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MATTHEW SCULLY**

Mailing Address 6601 E LINCOLN DR.

City PARADISE VALLEY State AZ Zip Code 85253

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9487**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANNA SEKULOW**

Mailing Address 4191 INGRAHAM HWY

City MIAMI State FL Zip Code 33133

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8992**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANNA SEKULOW**

Mailing Address 4191 INGRAHAM HWY

City MIAMI State FL Zip Code 33133

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I9308**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

12000.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANNA SEKULOW**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9950**

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JORDAN SEKULOW**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8997**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JORDAN SEKULOW**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I9309**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

17800.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JORDAN SEKULOW**

Mailing Address 4191 INGRAHAM HWY

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9920**

Amount of Each Disbursement this Period

7200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MR. STEVEN SHAFRAN**

Mailing Address 671 ALPINE LN

City State Zip Code  
KETCHUM ID 83340-

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.168684**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item  
CATERING

Full Name (Last, First, Middle Initial)

## **C. MRS. STEPHANIE BOOTH SHAFRAN**

Mailing Address 831 STONE CANYON RD

City State Zip Code  
LOS ANGELES CA 90077-2911

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB23.168683**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item  
CATERING

**Subtotal Of Receipts This Page** (optional).....

12600.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10133**

Amount of Each Disbursement this Period

1857.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10319**

Amount of Each Disbursement this Period

1857.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I10520**

Amount of Each Disbursement this Period

92.86

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3807.98

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PAPA JOHN'S**

Mailing Address 2002 PAPA JOHNS BLVD

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I23530**

Amount of Each Disbursement this Period

92.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
CAR RENTAL/PER DIEM/GAS/INTERNET SERVICE/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I10699**

Amount of Each Disbursement this Period

725.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I23531**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

725.13

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I23532**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I23533**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I23534**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I23535**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I23536**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I23537**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ADVANTAGE CAR RENTAL**

Mailing Address 3900 NW 25TH ST

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I23544

Amount of Each Disbursement this Period

476.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I23542

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I23543

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3803 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City State Zip Code  
FINDLAY OH 45840

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I23540

Amount of Each Disbursement this Period

12.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I23541

Amount of Each Disbursement this Period

7.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9186

Amount of Each Disbursement this Period

2050.94

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2050.94

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9411**

Amount of Each Disbursement this Period

2050.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9666**

Amount of Each Disbursement this Period

1857.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LESLIE SMALL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9868**

Amount of Each Disbursement this Period

1857.56

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5766.06

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10140

Amount of Each Disbursement this Period

6014.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10326

Amount of Each Disbursement this Period

6014.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/TAXI FARE/CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I10513

Amount of Each Disbursement this Period

437.22

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

12467.04

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BUDGET CAR RENTAL**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23613

Amount of Each Disbursement this Period

42.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I23612

Amount of Each Disbursement this Period

329.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
LODGING/TAXI FARE/PER DIEM/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I10598

Amount of Each Disbursement this Period

195.48

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

195.48

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23615**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OMNI HOTELS**

Mailing Address 4001 MAPLE AVE

City State Zip Code  
DALLAS TX 75219

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23616**

Amount of Each Disbursement this Period

124.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OMNI HOTELS**

Mailing Address 4001 MAPLE AVE

City State Zip Code  
DALLAS TX 75219

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I23617**

Amount of Each Disbursement this Period

9.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I23618

Amount of Each Disbursement this Period

35.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10727

Amount of Each Disbursement this Period

93.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I23619

Amount of Each Disbursement this Period

93.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

93.88

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9195**

Amount of Each Disbursement this Period

6063.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9420**

Amount of Each Disbursement this Period

6063.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9673**

Amount of Each Disbursement this Period

5516.56

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

17643.46

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MEGAN SOWARDS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9875**

Amount of Each Disbursement this Period

5738.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN SPIVEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10132**

Amount of Each Disbursement this Period

1672.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN SPIVEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10318**

Amount of Each Disbursement this Period

1672.08

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

9082.84

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN SPIVEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FOOD AND BEVERAGE/GAS/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I10665**

Amount of Each Disbursement this Period

265.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City State Zip Code  
AKRON OH 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I23511**

Amount of Each Disbursement this Period

17.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City State Zip Code  
CANTON MA 02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I23513**

Amount of Each Disbursement this Period

2.25

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

265.81

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I23505

Amount of Each Disbursement this Period

16.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City State Zip Code  
HOUSTON TX 77002

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I23506

Amount of Each Disbursement this Period

25.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City State Zip Code  
WEST PALM BEACH FL 33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I23509

Amount of Each Disbursement this Period

32.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I23503**

Amount of Each Disbursement this Period

15.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I23504**

Amount of Each Disbursement this Period

18.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN SPIVEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9185**

Amount of Each Disbursement this Period

1924.64

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1924.64

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAUREN SPIVEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9410**

Amount of Each Disbursement this Period

1924.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAUREN SPIVEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9665**

Amount of Each Disbursement this Period

1672.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAUREN SPIVEY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9867**

Amount of Each Disbursement this Period

1672.08

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5268.80

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10142**

Amount of Each Disbursement this Period

3720.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10328**

Amount of Each Disbursement this Period

3720.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/PER DIEM/TAXI FARE/LODGING/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10360**

Amount of Each Disbursement this Period

2608.68

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

10050.46

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23668**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23669**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23670**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23671**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23672**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23673**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23674**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23675**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23676**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3819 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23677

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23678

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23653

Amount of Each Disbursement this Period

149.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23654

Amount of Each Disbursement this Period

535.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23646

Amount of Each Disbursement this Period

49.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23666

Amount of Each Disbursement this Period

6.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23667

Amount of Each Disbursement this Period

16.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23657

Amount of Each Disbursement this Period

361.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23642

Amount of Each Disbursement this Period

31.51

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23644

Amount of Each Disbursement this Period

42.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23645

Amount of Each Disbursement this Period

41.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23647

Amount of Each Disbursement this Period

84.84

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23658

Amount of Each Disbursement this Period

256.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OMNI SHOREHAM HOTEL**

Mailing Address 2500 CALVERT ST NW

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23648

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SPEEDWAY**

Mailing Address P.O. BOX 1500

City SPRINGFIELD State OH Zip Code 45501

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23639

Amount of Each Disbursement this Period

14.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23643

Amount of Each Disbursement this Period

15.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23650

Amount of Each Disbursement this Period

13.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23651

Amount of Each Disbursement this Period

13.44

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3825 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23652

Amount of Each Disbursement this Period

17.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23655

Amount of Each Disbursement this Period

18.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23656

Amount of Each Disbursement this Period

13.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23659

Amount of Each Disbursement this Period

13.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23660

Amount of Each Disbursement this Period

21.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23661

Amount of Each Disbursement this Period

11.02

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23662

Amount of Each Disbursement this Period

36.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23663

Amount of Each Disbursement this Period

32.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23664

Amount of Each Disbursement this Period

30.89

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 3828 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23665

Amount of Each Disbursement this Period

12.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City State Zip Code  
STAMFORD CT 06902

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23641

Amount of Each Disbursement this Period

174.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
AIRFARE/TAXI FARE/PER DIEM/CAR RENTAL/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I10546

Amount of Each Disbursement this Period

2025.32

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2025.32

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 3829 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23679**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23680**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23681**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23682**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23683**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23684**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 3831 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23685**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23686**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23687**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23688**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23689**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23690**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23691**

Amount of Each Disbursement this Period

45.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23692**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23693**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3834 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23694**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23706**

Amount of Each Disbursement this Period

808.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City State Zip Code  
TULSA OK 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23699**

Amount of Each Disbursement this Period

64.12

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3835 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23705

Amount of Each Disbursement this Period

72.74

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23695

Amount of Each Disbursement this Period

20.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23696

Amount of Each Disbursement this Period

9.98

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23697

Amount of Each Disbursement this Period

19.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23698

Amount of Each Disbursement this Period

12.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23700

Amount of Each Disbursement this Period

14.59

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. UBER

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23701

Amount of Each Disbursement this Period

20.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. UBER

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23702

Amount of Each Disbursement this Period

14.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. UBER

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I23703

Amount of Each Disbursement this Period

48.05

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3838 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB--MIAMI**

Mailing Address 1201 NW LE JEUNE RD

City State Zip Code  
MIAMI FL 33126

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I23704**

Amount of Each Disbursement this Period

31.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9197**

Amount of Each Disbursement this Period

3891.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9422**

Amount of Each Disbursement this Period

3891.36

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7782.72

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3839 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9675**

Amount of Each Disbursement this Period

3720.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL STEEL**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9877**

Amount of Each Disbursement this Period

3720.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANDREW STROEMPLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10059**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

8628.38

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3840 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANDREW STROEMPLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10246**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ANDREW STROEMPLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I10596**

Amount of Each Disbursement this Period

375.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANDREW STROEMPLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I20482**

Amount of Each Disbursement this Period

203.26

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1562.08

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I20483

Amount of Each Disbursement this Period

77.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I20484

Amount of Each Disbursement this Period

85.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ANDREW STROEMPLE**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9097

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1186.60

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. ANDREW STROEMPLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9320**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANDREW STROEMPLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9590**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANDREW STROEMPLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9793**

Amount of Each Disbursement this Period

1186.60

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3559.80

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIK SWABB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FOOD AND BEVERAGE/TAXI FARE/LODGING/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I10394**

Amount of Each Disbursement this Period

521.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City State Zip Code  
PHOENIX AZ 85016

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I22726**

Amount of Each Disbursement this Period

325.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I22723**

Amount of Each Disbursement this Period

26.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

521.58

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I22725

Amount of Each Disbursement this Period

29.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I22724

Amount of Each Disbursement this Period

26.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I22719

Amount of Each Disbursement this Period

25.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3845 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIK SWABB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9148**

Amount of Each Disbursement this Period

1562.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIK SWABB**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9372**

Amount of Each Disbursement this Period

1562.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC TANENBLATT**

Mailing Address 303 PEACHTREE ST, NE STE 5300

City State Zip Code  
ATLANTA GA 30308

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 20 / 2015

**Transaction ID : SB23.I10463**

Amount of Each Disbursement this Period

411.04

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3536.60

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHEROKEE TOWN AND COUNTRY CLUB**

Mailing Address 155 W PACES FERRY RD NW

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 20 / 2015

Transaction ID : SB23.I22718

Amount of Each Disbursement this Period

411.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10143

Amount of Each Disbursement this Period

1741.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10329

Amount of Each Disbursement this Period

1741.79

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3483.58

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PER DIEM/FOOD AND BEVERAGE/OFFICE  
EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I10409**

Amount of Each Disbursement this Period

631.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23712**

Amount of Each Disbursement this Period

345.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23713**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

631.40

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23714**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23715**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23716**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3849 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23717

Amount of Each Disbursement this Period

5.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETHRO'S BBQ**

Mailing Address 3102 FOREST AVE

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23718

Amount of Each Disbursement this Period

55.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PAPA JOHN'S**

Mailing Address 2002 PAPA JOHNS BLVD

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23719

Amount of Each Disbursement this Period

31.59

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 3850 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE EQUIPMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23720**

Amount of Each Disbursement this Period

54.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**FOOD AND BEVERAGE/MILEAGE REIMBURSEMENT/PER DIEM/OFFICE  
EQUIPMENT/GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I10583**

Amount of Each Disbursement this Period

992.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PER DIEM**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I23730**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

992.86

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 3851 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I23731**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I23732**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I23733**

Amount of Each Disbursement this Period

196.08

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 3852 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CASEY'S GENERAL STORE**

Mailing Address 1 CONVENIENCE BLVD

City  
ANKENY

State  
IA

Zip Code  
50021

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I23736

Amount of Each Disbursement this Period

24.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City  
ATLANTA

State  
GA

Zip Code  
30339

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I23725

Amount of Each Disbursement this Period

14.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KUM & GO**

Mailing Address 822 1ST AVE

City  
CORALVILLE

State  
IA

Zip Code  
52241

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I23735

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PAPA JOHN'S**

Mailing Address 2002 PAPA JOHNS BLVD

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I23734

Amount of Each Disbursement this Period

28.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I23723

Amount of Each Disbursement this Period

20.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I23729

Amount of Each Disbursement this Period

15.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I23722**

Amount of Each Disbursement this Period

52.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE EQUIPMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I23724**

Amount of Each Disbursement this Period

27.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE EQUIPMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I23728**

Amount of Each Disbursement this Period

83.68

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9198**

Amount of Each Disbursement this Period

2110.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9423**

Amount of Each Disbursement this Period

2110.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9676**

Amount of Each Disbursement this Period

1741.79

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5962.29

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL THOM**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9878**

Amount of Each Disbursement this Period

1741.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC THOMAS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10102**

Amount of Each Disbursement this Period

1017.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC THOMAS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10288**

Amount of Each Disbursement this Period

1017.52

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3776.83

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC THOMAS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9147**

Amount of Each Disbursement this Period

1017.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ERIC THOMAS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9371**

Amount of Each Disbursement this Period

1017.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ERIC THOMAS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9635**

Amount of Each Disbursement this Period

1017.52

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3052.56

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ERIC THOMAS**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9837**

Amount of Each Disbursement this Period

1017.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10085**

Amount of Each Disbursement this Period

1211.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10272**

Amount of Each Disbursement this Period

1211.74

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3441.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
FOOD AND BEVERAGE/POSTAGE/TAXI FARE/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I10439**

Amount of Each Disbursement this Period

656.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City State Zip Code  
SEATTLE WA 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I22125**

Amount of Each Disbursement this Period

48.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I22135**

Amount of Each Disbursement this Period

12.21

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

656.31

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22120

Amount of Each Disbursement this Period

122.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22121

Amount of Each Disbursement this Period

17.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City FINDLAY State OH Zip Code 45840

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22127

Amount of Each Disbursement this Period

20.67

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PUBLIX**

Mailing Address 3300 PUBLIX CORPORATE PKWY

City LAKELAND State FL Zip Code 33811

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22128

Amount of Each Disbursement this Period

179.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22122

Amount of Each Disbursement this Period

42.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22126

Amount of Each Disbursement this Period

9.11

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22129

Amount of Each Disbursement this Period

7.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22132

Amount of Each Disbursement this Period

12.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22136

Amount of Each Disbursement this Period

13.68

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22123

Amount of Each Disbursement this Period

19.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22131

Amount of Each Disbursement this Period

5.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I22119

Amount of Each Disbursement this Period

63.51

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I22124**

Amount of Each Disbursement this Period

19.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**FOOD AND BEVERAGE/GAS/EVENT TICKET/POSTAGE/PER DIEM**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I10555**

Amount of Each Disbursement this Period

1432.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PER DIEM**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22137**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1432.12

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22138**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22139**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City State Zip Code  
DALLAS TX 75201

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22152**

Amount of Each Disbursement this Period

1.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CRAIGSLIST**

Mailing Address 1381 9TH AVE

City State Zip Code  
SAN FRANCISCO CA 94122

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22147

Amount of Each Disbursement this Period

275.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CRAIGSLIST**

Mailing Address 1381 9TH AVE

City State Zip Code  
SAN FRANCISCO CA 94122

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22161

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOMINO'S PIZZA LLC**

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City State Zip Code  
ANN ARBOR MI 48106

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22159

Amount of Each Disbursement this Period

63.22

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City  
CANTON

State  
MA

Zip Code  
02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22153

Amount of Each Disbursement this Period

8.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City  
IRVING

State  
TX

Zip Code  
75039

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22156

Amount of Each Disbursement this Period

12.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22144

Amount of Each Disbursement this Period

31.25

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22150**

Amount of Each Disbursement this Period

53.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22151**

Amount of Each Disbursement this Period

81.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PANERA BREAD**

Mailing Address 10061 W FLAGLER ST

City MIAMI State FL Zip Code 33174

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22146**

Amount of Each Disbursement this Period

17.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PUBLIX**

Mailing Address 3300 PUBLIX CORPORATE PKWY

City LAKELAND State FL Zip Code 33811

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22158**

Amount of Each Disbursement this Period

35.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PUBLIX**

Mailing Address 3300 PUBLIX CORPORATE PKWY

City LAKELAND State FL Zip Code 33811

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22162**

Amount of Each Disbursement this Period

32.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22140**

Amount of Each Disbursement this Period

8.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 3870 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22141

Amount of Each Disbursement this Period

9.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22142

Amount of Each Disbursement this Period

19.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22143

Amount of Each Disbursement this Period

6.56

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22148**

Amount of Each Disbursement this Period

36.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22149**

Amount of Each Disbursement this Period

8.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I22160**

Amount of Each Disbursement this Period

16.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22163

Amount of Each Disbursement this Period

35.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE FURNITURE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I22154

Amount of Each Disbursement this Period

322.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
LODGING/TAXI FARE/PER DIEM/GAS/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I10685

Amount of Each Disbursement this Period

848.57

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

848.57

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22182**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22183**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22184**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22185

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEST BUY**

Mailing Address 7601 PENN AVE S

City State Zip Code  
RICHFIELD MN 55423

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22172

Amount of Each Disbursement this Period

64.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City State Zip Code  
AKRON OH 44310

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22168

Amount of Each Disbursement this Period

2.19

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CVS**

Mailing Address 1 CVS DR.

City  
**WOONSOCKET**

State  
**RI**

Zip Code  
**02895**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22171**

Amount of Each Disbursement this Period

2.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State  
**VA**

Zip Code  
**22102**

Purpose of Disbursement  
**PARKING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22166**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City  
**DALLAS**

State  
**TX**

Zip Code  
**75240**

Purpose of Disbursement  
**DELIVERY SERVICE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22169**

Amount of Each Disbursement this Period

17.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22170

Amount of Each Disbursement this Period

15.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROSEN SHINGLE CREEK**

Mailing Address 9939 UNIVERSAL BLVD

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22175

Amount of Each Disbursement this Period

16.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROSEN SHINGLE CREEK**

Mailing Address 9939 UNIVERSAL BLVD

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22177

Amount of Each Disbursement this Period

368.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22165**

Amount of Each Disbursement this Period

22.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TARGET**

Mailing Address 1000 NICOLLET MALL

City  
**MINNEAPOLIS**

State  
**MN**

Zip Code  
**55403**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22173**

Amount of Each Disbursement this Period

38.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I22167**

Amount of Each Disbursement this Period

14.21

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22174

Amount of Each Disbursement this Period

13.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22176

Amount of Each Disbursement this Period

14.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City State Zip Code  
WASHINGTON DC 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22178

Amount of Each Disbursement this Period

16.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22179

Amount of Each Disbursement this Period

8.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22180

Amount of Each Disbursement this Period

5.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I22181

Amount of Each Disbursement this Period

24.86

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9127**

Amount of Each Disbursement this Period

1211.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9350**

Amount of Each Disbursement this Period

1211.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9618**

Amount of Each Disbursement this Period

1211.74

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3635.22

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COLLIN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9820**

Amount of Each Disbursement this Period

1211.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10141**

Amount of Each Disbursement this Period

1472.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10327**

Amount of Each Disbursement this Period

1472.52

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4156.78

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I10390**

Amount of Each Disbursement this Period

310.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23620**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23621**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

310.95

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23622

Amount of Each Disbursement this Period

44.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23623

Amount of Each Disbursement this Period

33.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23624

Amount of Each Disbursement this Period

44.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23625**

Amount of Each Disbursement this Period

35.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23626**

Amount of Each Disbursement this Period

10.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I23627**

Amount of Each Disbursement this Period

10.29

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23628

Amount of Each Disbursement this Period

13.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I23629

Amount of Each Disbursement this Period

10.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PARKING/FOOD AND BEVERAGE/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I10488

Amount of Each Disbursement this Period

215.50

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

215.50

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESAPEAKE'S RESTAURANT**

Mailing Address 500 HENLEY ST

City KNOXVILLE State TN Zip Code 37902

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23634

Amount of Each Disbursement this Period

53.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City TALLAHASSEE State FL Zip Code 32310

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23635

Amount of Each Disbursement this Period

33.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City TALLAHASSEE State FL Zip Code 32310

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23636

Amount of Each Disbursement this Period

66.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23630

Amount of Each Disbursement this Period

11.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23631

Amount of Each Disbursement this Period

8.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23632

Amount of Each Disbursement this Period

13.44

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23633

Amount of Each Disbursement this Period

29.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I10660

Amount of Each Disbursement this Period

109.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I23637

Amount of Each Disbursement this Period

109.45

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

109.45

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9196**

Amount of Each Disbursement this Period

1591.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9421**

Amount of Each Disbursement this Period

1591.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9674**

Amount of Each Disbursement this Period

1472.52

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4654.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MEGAN THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9876**

Amount of Each Disbursement this Period

1472.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RONALD THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10153**

Amount of Each Disbursement this Period

2017.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RONALD THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10339**

Amount of Each Disbursement this Period

2017.67

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5507.86

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RONALD THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9209**

Amount of Each Disbursement this Period

2219.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RONALD THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9434**

Amount of Each Disbursement this Period

2219.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RONALD THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9685**

Amount of Each Disbursement this Period

2017.67

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6457.11

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. RONALD THOMPSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9888**

Amount of Each Disbursement this Period

2017.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City State Zip Code  
ST. AUGUSTINE FL 32092

Purpose of Disbursement  
AIRFARE/PER DIEM/PARKING/MILEAGE REIMBURSEMENT/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I10625**

Amount of Each Disbursement this Period

1308.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City State Zip Code  
ST. AUGUSTINE FL 32092

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I23516**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3325.86

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City ST. AUGUSTINE State FL Zip Code 32092

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I23517

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City ST. AUGUSTINE State FL Zip Code 32092

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I23518

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City ST. AUGUSTINE State FL Zip Code 32092

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I23519

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City State Zip Code  
ST. AUGUSTINE FL 32092

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I23520

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City State Zip Code  
ST. AUGUSTINE FL 32092

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I23521

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City State Zip Code  
ST. AUGUSTINE FL 32092

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I23522

Amount of Each Disbursement this Period

51.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I23525**

Amount of Each Disbursement this Period

486.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I23526**

Amount of Each Disbursement this Period

486.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City MIAMI State FL Zip Code 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I23523**

Amount of Each Disbursement this Period

34.04

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City State Zip Code  
ST. AUGUSTINE FL 32092

Purpose of Disbursement  
MILEAGE REIMBURSEMENT/PARKING/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10731

Amount of Each Disbursement this Period

135.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City State Zip Code  
ST. AUGUSTINE FL 32092

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I23528

Amount of Each Disbursement this Period

51.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LEO THORSNESS**

Mailing Address 652 FOREST PARK BEND

City State Zip Code  
ST. AUGUSTINE FL 32092

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I23529

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

135.75

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DIANE TJERRILD**

Mailing Address 7284 N HAYES AVE

City  
FRESNO

State  
CA

Zip Code  
93722

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SB23.I9299**

Amount of Each Disbursement this Period

480.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL TOLEDO**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9199**

Amount of Each Disbursement this Period

2345.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL TOLEDO**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9424**

Amount of Each Disbursement this Period

2345.58

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5171.66

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAREN UNGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10121**

Amount of Each Disbursement this Period

2422.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAREN UNGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10307**

Amount of Each Disbursement this Period

2422.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAREN UNGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
INTERNET SERVICE/TAXI FARE/PARKING/FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I10407**

Amount of Each Disbursement this Period

214.93

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5059.81

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23178**

Amount of Each Disbursement this Period

15.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23166**

Amount of Each Disbursement this Period

6.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I23167**

Amount of Each Disbursement this Period

6.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23168

Amount of Each Disbursement this Period

6.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23169

Amount of Each Disbursement this Period

3.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23171

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23172

Amount of Each Disbursement this Period

4.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23173

Amount of Each Disbursement this Period

3.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23174

Amount of Each Disbursement this Period

3.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23175

Amount of Each Disbursement this Period

3.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23176

Amount of Each Disbursement this Period

3.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23177

Amount of Each Disbursement this Period

3.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23179

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REPUBLIC PARKING**

Mailing Address 3300 CAPITAL CIR SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23180

Amount of Each Disbursement this Period

26.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City  
WEST PALM BEACH

State  
FL

Zip Code  
33405

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23182

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23170

Amount of Each Disbursement this Period

34.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I23181

Amount of Each Disbursement this Period

12.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAREN UNGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/PER DIEM/TAXI FARE/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I10485

Amount of Each Disbursement this Period

1433.83

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1433.83

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAREN UNGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23194**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAREN UNGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23195**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAREN UNGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23196**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23190

Amount of Each Disbursement this Period

3.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23191

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23192

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23193

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City State Zip Code  
BOHEMIA NY 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23184

Amount of Each Disbursement this Period

51.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City State Zip Code  
BOHEMIA NY 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23189

Amount of Each Disbursement this Period

45.34

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23185**

Amount of Each Disbursement this Period

14.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23186**

Amount of Each Disbursement this Period

87.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I23187**

Amount of Each Disbursement this Period

93.14

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. W HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I23188

Amount of Each Disbursement this Period

955.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAREN UNGER**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9171

Amount of Each Disbursement this Period

2689.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAREN UNGER**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9396

Amount of Each Disbursement this Period

2689.03

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5378.06

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAREN UNGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9654**

Amount of Each Disbursement this Period

2422.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAREN UNGER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9856**

Amount of Each Disbursement this Period

2422.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAIN VALVERDE**

Mailing Address 4101 PINE TREE DR. APT 1605

City State Zip Code  
MIAMI FL 33140

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 16 / 2015

**Transaction ID : SB23.I10197**

Amount of Each Disbursement this Period

3666.50

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8511.38

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAIN VALVERDE**

Mailing Address 4101 PINE TREE DR. APT 1605

City State Zip Code  
MIAMI FL 33140

Purpose of Disbursement  
SUBSCRIPTION/FOOD BEVERAGE/TAXI FARE/OFFICE  
EQUIPMENT/PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I10412

Amount of Each Disbursement this Period

529.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CVS**

Mailing Address 1 CVS DR.

City State Zip Code  
WOONSOCKET RI 02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22306

Amount of Each Disbursement this Period

26.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22309

Amount of Each Disbursement this Period

31.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

529.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22310

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City State Zip Code  
NEW YORK NY 10012

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22295

Amount of Each Disbursement this Period

2.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City State Zip Code  
NEW YORK NY 10012

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22296

Amount of Each Disbursement this Period

2.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City State Zip Code  
NEW YORK NY 10012

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22297

Amount of Each Disbursement this Period

2.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City State Zip Code  
NEW YORK NY 10012

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22298

Amount of Each Disbursement this Period

2.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City State Zip Code  
NEW YORK NY 10012

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22299

Amount of Each Disbursement this Period

4.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10012**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22300**

Amount of Each Disbursement this Period

8.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10012**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22301**

Amount of Each Disbursement this Period

29.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10012**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I22302**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City State Zip Code  
NEW YORK NY 10012

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22303

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City State Zip Code  
NEW YORK NY 10012

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22304

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City State Zip Code  
SEATTLE WA 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22318

Amount of Each Disbursement this Period

2.35

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City State Zip Code  
SEATTLE WA 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22319

Amount of Each Disbursement this Period

5.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City State Zip Code  
SEATTLE WA 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22320

Amount of Each Disbursement this Period

9.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22290

Amount of Each Disbursement this Period

14.63

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22291

Amount of Each Disbursement this Period

12.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22292

Amount of Each Disbursement this Period

17.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22293

Amount of Each Disbursement this Period

24.43

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I22294

Amount of Each Disbursement this Period

17.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAIN VALVERDE**

Mailing Address 4101 PINE TREE DR. APT 1605

City State Zip Code  
MIAMI FL 33140

Purpose of Disbursement  
FOOD AND BEVERAGE/TAXI FARE/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I10504

Amount of Each Disbursement this Period

351.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22340

Amount of Each Disbursement this Period

3.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

351.57

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City State Zip Code  
NEW YORK NY 10012

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22341

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. POND5 INC**

Mailing Address 155 WOOSTER ST 8TH FL

City State Zip Code  
NEW YORK NY 10012

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22342

Amount of Each Disbursement this Period

4.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22334

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22332

Amount of Each Disbursement this Period

13.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22333

Amount of Each Disbursement this Period

33.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22335

Amount of Each Disbursement this Period

18.25

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 3921 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I22336

Amount of Each Disbursement this Period

23.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I22337

Amount of Each Disbursement this Period

26.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I22338

Amount of Each Disbursement this Period

19.57

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I22339

Amount of Each Disbursement this Period

14.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAIN VALVERDE**

Mailing Address 4101 PINE TREE DR. APT 1605

City State Zip Code  
MIAMI FL 33140

Purpose of Disbursement  
FOOD AND BEVERAGE/TAXI FARE/GAS/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I10703

Amount of Each Disbursement this Period

309.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City State Zip Code  
AKRON OH 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I22357

Amount of Each Disbursement this Period

5.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

309.63

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I22347

Amount of Each Disbursement this Period

4.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City State Zip Code  
HOUSTON TX 77002

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I22349

Amount of Each Disbursement this Period

20.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City State Zip Code  
HOUSTON TX 77002

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I22353

Amount of Each Disbursement this Period

27.72

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City  
**SEATTLE**

State  
**WA**

Zip Code  
**98134**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22348**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22343**

Amount of Each Disbursement this Period

33.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I22344**

Amount of Each Disbursement this Period

16.91

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I22345

Amount of Each Disbursement this Period

18.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I22346

Amount of Each Disbursement this Period

20.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAIN VALVERDE**

Mailing Address 4101 PINE TREE DR. APT 1605

City State Zip Code  
MIAMI FL 33140

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I9021

Amount of Each Disbursement this Period

4583.33

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4583.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAIN VALVERDE**

Mailing Address 4101 PINE TREE DR. APT 1605

City State Zip Code  
MIAMI FL 33140

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9232**

Amount of Each Disbursement this Period

4583.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAIN VALVERDE**

Mailing Address 4101 PINE TREE DR. APT 1605

City State Zip Code  
MIAMI FL 33140

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9479**

Amount of Each Disbursement this Period

4583.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DAIN VALVERDE**

Mailing Address 4101 PINE TREE DR. APT 1605

City State Zip Code  
MIAMI FL 33140

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I9727**

Amount of Each Disbursement this Period

3666.50

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

12833.16

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DAIN VALVERDE**

Mailing Address 4101 PINE TREE DR. APT 1605

City State Zip Code  
MIAMI FL 33140

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9952**

Amount of Each Disbursement this Period

3666.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROB VARSALONE**

Mailing Address 15 MT ST MARY'S WAY #16

City State Zip Code  
HOOKSETT NH 03106

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I10002**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ROB VARSALONE**

Mailing Address 15 MT ST MARY'S WAY #16

City State Zip Code  
HOOKSETT NH 03106

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8965**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

17666.50

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ROB VARSALONE**

Mailing Address 15 MT ST MARY'S WAY #16

City  
HOOKSETT

State  
NH

Zip Code  
03106

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I9059**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ROB VARSALONE**

Mailing Address 15 MT ST MARY'S WAY #16

City  
HOOKSETT

State  
NH

Zip Code  
03106

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I9572**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10119**

Amount of Each Disbursement this Period

4028.07

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

20028.07

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10306**

Amount of Each Disbursement this Period

4028.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/TRANSPORTATION/CAR RENTAL/PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB23.I10432**

Amount of Each Disbursement this Period

3239.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB23.I23098**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

7267.72

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3930 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23099

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23100

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BP**

Mailing Address 640 SW 9TH ST

City State Zip Code  
DES MOINES IA 50309

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23086

Amount of Each Disbursement this Period

19.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB23.I23084**

Amount of Each Disbursement this Period

3.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB23.I23085**

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GRAND HOTEL**

Mailing Address 286 GRAND AVE

City State Zip Code  
MACKINAC ISLAND MI 49757

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB23.I23091**

Amount of Each Disbursement this Period

486.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GRAND HOTEL**

Mailing Address 286 GRAND AVE

City State Zip Code  
MACKINAC ISLAND MI 49757

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23096

Amount of Each Disbursement this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA CITY OK 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23087

Amount of Each Disbursement this Period

241.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LILAC TREE SUITES AND SPA**

Mailing Address 7372 MAIN ST

City State Zip Code  
MACKINAC ISLAND MI 49757

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23095

Amount of Each Disbursement this Period

429.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 3933 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHEPLER'S, INC.**

Mailing Address 556 E CENTRAL AVE

City MACKINAW CITY State MI Zip Code 49701

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23089

Amount of Each Disbursement this Period

16.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHEPLER'S, INC.**

Mailing Address 556 E CENTRAL AVE

City MACKINAW CITY State MI Zip Code 49701

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23090

Amount of Each Disbursement this Period

46.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHEPLER'S, INC.**

Mailing Address 556 E CENTRAL AVE

City MACKINAW CITY State MI Zip Code 49701

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23097

Amount of Each Disbursement this Period

700.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23083

Amount of Each Disbursement this Period

10.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23092

Amount of Each Disbursement this Period

36.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23093

Amount of Each Disbursement this Period

24.25

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I23094

Amount of Each Disbursement this Period

11.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
LODGING/AIRFARE/GAS/PER DIEM/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I10682

Amount of Each Disbursement this Period

2097.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23120

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2097.63

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23121

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23122

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23123

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3937 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23131**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23132**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23133**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3938 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALAMO CAR RENTAL**

Mailing Address 15 TRANSPORTATION WAY

City  
**EAST BOSTON**

State  
**MA**

Zip Code  
**02128**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23116**

Amount of Each Disbursement this Period

161.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COURTYARD MARRIOTT**

Mailing Address 10400 FERNWOOD RD

City  
**BETHESDA**

State  
**MD**

Zip Code  
**20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23112**

Amount of Each Disbursement this Period

346.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30320**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23101**

Amount of Each Disbursement this Period

141.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3939 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23113**

Amount of Each Disbursement this Period

141.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23119**

Amount of Each Disbursement this Period

92.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City  
ITASCA

State  
IL

Zip Code  
60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23103**

Amount of Each Disbursement this Period

9.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 3940 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23114

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23125

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23111

Amount of Each Disbursement this Period

41.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23126

Amount of Each Disbursement this Period

228.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23127

Amount of Each Disbursement this Period

177.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City FINDLAY State OH Zip Code 45840

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23129

Amount of Each Disbursement this Period

33.48

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
**BETHESDA**

State  
**MD**

Zip Code  
**20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23106**

Amount of Each Disbursement this Period

129.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23117**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUPER YELLOW CAB**

Mailing Address 3700 GEORGIA AVE #23

City  
**WEST PALM BEACH**

State  
**FL**

Zip Code  
**33405**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I23118**

Amount of Each Disbursement this Period

24.40

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23102

Amount of Each Disbursement this Period

11.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23124

Amount of Each Disbursement this Period

10.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I23107

Amount of Each Disbursement this Period

101.41

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3944 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9169

Amount of Each Disbursement this Period

4076.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9394

Amount of Each Disbursement this Period

4076.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9652

Amount of Each Disbursement this Period

4028.07

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

12181.69

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3945 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JOSHUA VENABLE**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9854**

Amount of Each Disbursement this Period

4028.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DAVID J VENNETT**

Mailing Address 25 BROAD ST #12K

City State Zip Code  
NEW YORK NY 10004

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB23.I10434**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GRAEBEL NORTHEASTERN MOVERS, INC**

Mailing Address 9 ASPEN DR.

City State Zip Code  
RANDOLPH NJ 07869

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB23.I22529**

Amount of Each Disbursement this Period

5000.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

9028.07

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALEX WALKER**

Mailing Address 420 W SLAUGHTER LN #1423

City State Zip Code  
AUSTIN TX 78748

Purpose of Disbursement  
PHOTOGRAPHY SERVICE/GAS/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I9078**

Amount of Each Disbursement this Period

590.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LESTER WILLIAMSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9187**

Amount of Each Disbursement this Period

4873.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LESTER WILLIAMSON**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9412**

Amount of Each Disbursement this Period

4873.14

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

10336.35

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TRENTON WISECUP**

Mailing Address 1772 WASHINGTON BLVD

City BIRMINGHAM State MI Zip Code 48009

Purpose of Disbursement  
TAXI FARE/FOOD AND BEVERAGE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I10543

Amount of Each Disbursement this Period

527.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. METRO TAXI**

Mailing Address 5909 E 38TH AVE

City DENVER State CO Zip Code 80207

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24213

Amount of Each Disbursement this Period

101.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI INTERNATIONAL AIRPORT**

Mailing Address 2100 NW 42 AVE

City MIAMI State FL Zip Code 33126

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24211

Amount of Each Disbursement this Period

34.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

527.38

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI INTERNATIONAL AIRPORT**

Mailing Address 2100 NW 42 AVE

City State Zip Code  
MIAMI FL 33126

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24219

Amount of Each Disbursement this Period

34.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED CAB**

Mailing Address 5730 BRROK PARK RD

City State Zip Code  
CLEVELAND OH 44129

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24214

Amount of Each Disbursement this Period

22.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WYNDHAM HOTEL GROUPS**

Mailing Address 1 STAR POINT

City State Zip Code  
STAMFORD CT 06902

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24222

Amount of Each Disbursement this Period

18.12

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24215

Amount of Each Disbursement this Period

21.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24218

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24220

Amount of Each Disbursement this Period

49.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YELLOW CAB TAXI**

Mailing Address 3622 NW 22 AVE

City State Zip Code  
MIAMI FL 33142

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I24221

Amount of Each Disbursement this Period

23.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TRENTON WISECUP**

Mailing Address 1772 WASHINGTON BLVD

City State Zip Code  
BIRMINGHAM MI 48009

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I9491

Amount of Each Disbursement this Period

19166.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THOMAS WOOD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10165

Amount of Each Disbursement this Period

3559.76

☐ Memo Item

Subtotal Of Receipts This Page (optional)..... 22726.42

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THOMAS WOOD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10350**

Amount of Each Disbursement this Period

3559.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THOMAS WOOD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9222**

Amount of Each Disbursement this Period

3913.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THOMAS WOOD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9447**

Amount of Each Disbursement this Period

3913.35

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

11386.46

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THOMAS WOOD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9697**

Amount of Each Disbursement this Period

3559.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THOMAS WOOD**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9899**

Amount of Each Disbursement this Period

3559.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRIAN YABLONSKI**

Mailing Address 7073 OX BOW RD

City State Zip Code  
TALLAHASSEE FL 32312

Purpose of Disbursement  
LODGING/AIRFARE/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I10478**

Amount of Each Disbursement this Period

1709.17

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8828.69

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20613

Amount of Each Disbursement this Period

815.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20610

Amount of Each Disbursement this Period

854.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAXI CHARGE-DC**

Mailing Address 465 UTICA AVE

City  
BROOKLYN

State  
NY

Zip Code  
11203

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I20612

Amount of Each Disbursement this Period

19.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRIAN YABLONSKI**

Mailing Address 7073 OX BOW RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32312

Purpose of Disbursement  
POLICY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I9016**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRIAN YABLONSKI**

Mailing Address 7073 OX BOW RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32312

Purpose of Disbursement  
POLICY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9478**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EVAN YOST**

Mailing Address 100 FULTON ST #5T

City  
BOSTON

State  
MA

Zip Code  
02109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I10518**

Amount of Each Disbursement this Period

537.88

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6537.88

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SONESTA HOTELS**

Mailing Address 255 WASHINGTON ST

City  
**NEWTON**

State  
**MA**

Zip Code  
**02458**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I22744**

Amount of Each Disbursement this Period

537.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EVAN YOST**

Mailing Address 100 FULTON ST #5T

City  
**BOSTON**

State  
**MA**

Zip Code  
**02109**

Purpose of Disbursement  
**COMMUNICATIONS CONSULTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9493**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10112**

Amount of Each Disbursement this Period

1223.73

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11223.73

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10298**

Amount of Each Disbursement this Period

1223.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/GAS/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I10644**

Amount of Each Disbursement this Period

494.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22902**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1717.84

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22903**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22904**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22905**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3958 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22906**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22907**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22908**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3959 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22909**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22910**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22911**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3960 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22912**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22913**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22914**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 3961 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22915**

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22916**

Amount of Each Disbursement this Period

32.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I22917**

Amount of Each Disbursement this Period

32.16

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I22918

Amount of Each Disbursement this Period

25.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PER DIEM/GAS/OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I10693

Amount of Each Disbursement this Period

654.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I22922

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

654.55

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22923**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22924**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22925**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3964 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22926**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22927**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22928**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22929**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22930**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22931**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22932**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22933**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22934**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3967 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22935**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22936**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22937**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22938**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City State Zip Code  
AKRON OH 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22939**

Amount of Each Disbursement this Period

27.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City State Zip Code  
AKRON OH 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22941**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22942**

Amount of Each Disbursement this Period

27.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22943**

Amount of Each Disbursement this Period

101.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I22944**

Amount of Each Disbursement this Period

20.43

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9162**

Amount of Each Disbursement this Period

1428.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9387**

Amount of Each Disbursement this Period

1428.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9645**

Amount of Each Disbursement this Period

1223.73

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4080.35

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. JENNIFER L YOUNG**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9847**

Amount of Each Disbursement this Period

1223.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEVIN ZAMBRANO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10126**

Amount of Each Disbursement this Period

1756.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEVIN ZAMBRANO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10312**

Amount of Each Disbursement this Period

1756.26

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4736.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KEVIN ZAMBRANO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9176**

Amount of Each Disbursement this Period

1924.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KEVIN ZAMBRANO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9401**

Amount of Each Disbursement this Period

1924.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KEVIN ZAMBRANO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9659**

Amount of Each Disbursement this Period

1756.26

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5605.54

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. KEVIN ZAMBRANO**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9861**

Amount of Each Disbursement this Period

1756.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BRANDIS ZEHR**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10065**

Amount of Each Disbursement this Period

3626.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BRANDIS ZEHR**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10252**

Amount of Each Disbursement this Period

3626.36

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

9008.98

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3974 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRANDIS ZEHR**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9103**

Amount of Each Disbursement this Period

4430.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRANDIS ZEHR**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9326**

Amount of Each Disbursement this Period

4430.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRANDIS ZEHR**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9596**

Amount of Each Disbursement this Period

3626.36

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

12487.82

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 3975 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRANDIS ZEHR**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9799**

Amount of Each Disbursement this Period

3626.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL ZILBER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10144**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL ZILBER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10330**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5949.56

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL ZILBER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9200**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL ZILBER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9425**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL ZILBER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9677**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3484.80

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. MICHAEL ZILBER**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9879**

Amount of Each Disbursement this Period

1161.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10120**

Amount of Each Disbursement this Period

1104.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/CAR RENTAL/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

**Transaction ID : SB23.I10436**

Amount of Each Disbursement this Period

224.94

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2491.09

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 3978 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I23134

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I23135

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXPEDIA INC.**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I23136

Amount of Each Disbursement this Period

80.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I23137

Amount of Each Disbursement this Period

34.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City  
MIAMI

State  
FL

Zip Code  
33144

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I10561

Amount of Each Disbursement this Period

241.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I23138

Amount of Each Disbursement this Period

241.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

241.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/AIRFARE/TAXI FARE/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I10642**

Amount of Each Disbursement this Period

397.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23139**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23140**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

397.17

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23141**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23142**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23143**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23144**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23145**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23146**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23147**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23149**

Amount of Each Disbursement this Period

125.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I23150**

Amount of Each Disbursement this Period

15.40

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

PAGE 3984 / 5419

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10728**

Amount of Each Disbursement this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23152**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23153**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

360.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23154**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23155**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23156**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23157**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23158**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23159**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23160**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23161**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23162**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 3988 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23163**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23164**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I23165**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9170**

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9395**

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9653**

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3965.16

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KAITLIN ZURDOSKY**

Mailing Address P.O. BOX 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9855**

Amount of Each Disbursement this Period

1321.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. 30 POINT STRATEGIES**

Mailing Address 7315 WISCONSIN AVE STE 606E

City State Zip Code  
BETHESDA MD 20814

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8941**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. 30 POINT STRATEGIES**

Mailing Address 7315 WISCONSIN AVE STE 606E

City State Zip Code  
BETHESDA MD 20814

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9025**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

16321.72

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. 30 POINT STRATEGIES**

Mailing Address 7315 WISCONSIN AVE STE 606E

City State Zip Code  
BETHESDA MD 20814

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I9500**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. A-SICK-CO.**

Mailing Address P.O. BOX 960655

City State Zip Code  
MIAMI FL 33296

Purpose of Disbursement  
DESIGN CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10045**

Amount of Each Disbursement this Period

250.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ACUERE RESEARCH, LLC**

Mailing Address P.O. BOX 320224

City State Zip Code  
ALEXANDRIA VA 22320

Purpose of Disbursement  
SURVEY RESEARCH/AIRFARE/LODGING/TAXI FARE/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB23.I10019**

Amount of Each Disbursement this Period

21420.73

☐ Memo Item

**Subtotal Of Receipts This Page** (optional)..... 29171.28

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ADVICTORY, LLC**

Mailing Address 190 MONROE AVE STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
WEB ADS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10046**

Amount of Each Disbursement this Period

4325.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ADVICTORY, LLC**

Mailing Address 190 MONROE AVE STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
WEB ADS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8970**

Amount of Each Disbursement this Period

1056.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB23.I10018**

Amount of Each Disbursement this Period

74177.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

79558.93

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB23.I10030**

Amount of Each Disbursement this Period

5321.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10041**

Amount of Each Disbursement this Period

1810.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 23 / 2015

**Transaction ID : SB23.I10219**

Amount of Each Disbursement this Period

6052.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

13183.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8984**

Amount of Each Disbursement this Period

111288.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I9056**

Amount of Each Disbursement this Period

35147.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9236**

Amount of Each Disbursement this Period

76900.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

223335.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9274**

Amount of Each Disbursement this Period

33851.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I9279**

Amount of Each Disbursement this Period

80557.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SB23.I9301**

Amount of Each Disbursement this Period

47952.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

162360.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I9307**

Amount of Each Disbursement this Period

10340.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9530**

Amount of Each Disbursement this Period

46217.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9725**

Amount of Each Disbursement this Period

44102.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

100659.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I9758**

Amount of Each Disbursement this Period

50292.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9967**

Amount of Each Disbursement this Period

29915.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AIR CHARTER TEAM, INC.**

Mailing Address 4151 N MULBERRY DR. STE 250

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I9979**

Amount of Each Disbursement this Period

7764.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

87971.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALBRECHT PUBLIC RELATIONS, L.L.C.**

Mailing Address 110 56 PL

City  
WEST DES MOINES

State  
IA

Zip Code  
50266

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8985**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALBRECHT PUBLIC RELATIONS, L.L.C.**

Mailing Address 110 56 PL

City  
WEST DES MOINES

State  
IA

Zip Code  
50266

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9706**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ALBRECHT PUBLIC RELATIONS, L.L.C.**

Mailing Address 110 56 PL

City  
WEST DES MOINES

State  
IA

Zip Code  
50266

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9951**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

13000.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB23.I10008**

Amount of Each Disbursement this Period

2247.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I10361**

Amount of Each Disbursement this Period

215996.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ADVANCED AVIATION TEAM**

Mailing Address 1348 T ST NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18434**

Amount of Each Disbursement this Period

1660.48

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

218243.56

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18218

Amount of Each Disbursement this Period

1795.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18219

Amount of Each Disbursement this Period

235.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18220

Amount of Each Disbursement this Period

385.12

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
DATA STORAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18272

Amount of Each Disbursement this Period

4612.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
CREDIT-OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18306

Amount of Each Disbursement this Period

-49.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18435

Amount of Each Disbursement this Period

462.08

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18513

Amount of Each Disbursement this Period

26.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18609

Amount of Each Disbursement this Period

23.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18658

Amount of Each Disbursement this Period

103.01

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18688

Amount of Each Disbursement this Period

62.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18689

Amount of Each Disbursement this Period

207.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18221

Amount of Each Disbursement this Period

618.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18222

Amount of Each Disbursement this Period

218.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18223

Amount of Each Disbursement this Period

295.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18224

Amount of Each Disbursement this Period

253.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18225**

Amount of Each Disbursement this Period

216.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18226**

Amount of Each Disbursement this Period

273.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18263**

Amount of Each Disbursement this Period

455.70

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18264**

Amount of Each Disbursement this Period

200.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18265**

Amount of Each Disbursement this Period

244.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18266**

Amount of Each Disbursement this Period

244.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18282**

Amount of Each Disbursement this Period

173.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18283**

Amount of Each Disbursement this Period

194.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18285**

Amount of Each Disbursement this Period

43.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18286**

Amount of Each Disbursement this Period

418.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18303**

Amount of Each Disbursement this Period

262.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18305**

Amount of Each Disbursement this Period

88.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18327

Amount of Each Disbursement this Period

151.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18329

Amount of Each Disbursement this Period

405.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18330

Amount of Each Disbursement this Period

668.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18333**

Amount of Each Disbursement this Period

262.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18344**

Amount of Each Disbursement this Period

273.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18345**

Amount of Each Disbursement this Period

3389.11

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18346**

Amount of Each Disbursement this Period

640.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18352**

Amount of Each Disbursement this Period

612.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18353**

Amount of Each Disbursement this Period

273.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18354**

Amount of Each Disbursement this Period

273.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18357**

Amount of Each Disbursement this Period

926.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18358**

Amount of Each Disbursement this Period

149.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18363

Amount of Each Disbursement this Period

642.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18364

Amount of Each Disbursement this Period

218.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18365

Amount of Each Disbursement this Period

1022.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18366**

Amount of Each Disbursement this Period

393.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18367**

Amount of Each Disbursement this Period

281.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18368**

Amount of Each Disbursement this Period

144.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18369**

Amount of Each Disbursement this Period

281.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18370**

Amount of Each Disbursement this Period

299.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18371**

Amount of Each Disbursement this Period

128.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18372**

Amount of Each Disbursement this Period

149.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18373**

Amount of Each Disbursement this Period

264.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18374**

Amount of Each Disbursement this Period

-612.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18375**

Amount of Each Disbursement this Period

-273.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18376**

Amount of Each Disbursement this Period

-273.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18377**

Amount of Each Disbursement this Period

218.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18378**

Amount of Each Disbursement this Period

262.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18379**

Amount of Each Disbursement this Period

157.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18380**

Amount of Each Disbursement this Period

391.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18381**

Amount of Each Disbursement this Period

191.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18382**

Amount of Each Disbursement this Period

253.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18383**

Amount of Each Disbursement this Period

257.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18384**

Amount of Each Disbursement this Period

328.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18436**

Amount of Each Disbursement this Period

376.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18437**

Amount of Each Disbursement this Period

506.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18438**

Amount of Each Disbursement this Period

291.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18439**

Amount of Each Disbursement this Period

758.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18440**

Amount of Each Disbursement this Period

301.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18441**

Amount of Each Disbursement this Period

288.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18442**

Amount of Each Disbursement this Period

468.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18443**

Amount of Each Disbursement this Period

-2098.04

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18444**

Amount of Each Disbursement this Period

38.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18445**

Amount of Each Disbursement this Period

336.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18446**

Amount of Each Disbursement this Period

513.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18447**

Amount of Each Disbursement this Period

191.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18448**

Amount of Each Disbursement this Period

318.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18449**

Amount of Each Disbursement this Period

268.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18504**

Amount of Each Disbursement this Period

398.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18517**

Amount of Each Disbursement this Period

756.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18518**

Amount of Each Disbursement this Period

408.85

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18528**

Amount of Each Disbursement this Period

524.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18529**

Amount of Each Disbursement this Period

508.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18530**

Amount of Each Disbursement this Period

239.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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## **A. AMERICAN AIRLINES**

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Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18531**

Amount of Each Disbursement this Period

269.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18532**

Amount of Each Disbursement this Period

878.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18533**

Amount of Each Disbursement this Period

492.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18534**

Amount of Each Disbursement this Period

420.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18623**

Amount of Each Disbursement this Period

382.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18624**

Amount of Each Disbursement this Period

208.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18644**

Amount of Each Disbursement this Period

91.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18645**

Amount of Each Disbursement this Period

567.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18646**

Amount of Each Disbursement this Period

588.70

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18647**

Amount of Each Disbursement this Period

165.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18648**

Amount of Each Disbursement this Period

311.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18649**

Amount of Each Disbursement this Period

1367.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18679**

Amount of Each Disbursement this Period

318.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18680**

Amount of Each Disbursement this Period

146.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18682**

Amount of Each Disbursement this Period

251.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18684**

Amount of Each Disbursement this Period

95.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18685**

Amount of Each Disbursement this Period

73.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18686**

Amount of Each Disbursement this Period

247.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18687**

Amount of Each Disbursement this Period

354.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18690**

Amount of Each Disbursement this Period

222.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18691**

Amount of Each Disbursement this Period

199.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18692**

Amount of Each Disbursement this Period

888.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18693**

Amount of Each Disbursement this Period

3180.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18694**

Amount of Each Disbursement this Period

686.05

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18695**

Amount of Each Disbursement this Period

532.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18696**

Amount of Each Disbursement this Period

246.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18697**

Amount of Each Disbursement this Period

103.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.118698**

Amount of Each Disbursement this Period

392.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.118699**

Amount of Each Disbursement this Period

523.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.118700**

Amount of Each Disbursement this Period

362.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4037 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18701**

Amount of Each Disbursement this Period

655.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18702**

Amount of Each Disbursement this Period

153.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18253**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 4038 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18254**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18255**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18256**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4039 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18315**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18316**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18323**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18325**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18359**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18360**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18361

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18362

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18385

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18386**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18387**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18388**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18389

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18390

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18391

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4044 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18392**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18393**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18394**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18395**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18450**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18451**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18452**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18511**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18519**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18520**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18525**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18535**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18536**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18537**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18538**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18616**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18617**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18618**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18626**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18627**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18641**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18673**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18674**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18675**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18676**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18683**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18703**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18704**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18705**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18706**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4054 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN MOVIE COMPANY**

Mailing Address 808 BROADWAY, 5P

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18348

Amount of Each Disbursement this Period

795.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18277

Amount of Each Disbursement this Period

172.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18278

Amount of Each Disbursement this Period

461.89

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4055 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AT&T**

Mailing Address 208 S AKARD ST

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18281**

Amount of Each Disbursement this Period

3161.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18291**

Amount of Each Disbursement this Period

1647.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18666**

Amount of Each Disbursement this Period

2217.32

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AT&T**

Mailing Address 208 S AKARD ST

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18707

Amount of Each Disbursement this Period

2165.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ATLANTIS CASINO RESORT**

Mailing Address 3800 S VIRGINIA ST

City  
RENO

State  
NV

Zip Code  
89502

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18482

Amount of Each Disbursement this Period

93.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ATLANTIS CASINO RESORT**

Mailing Address 3800 S VIRGINIA ST

City  
RENO

State  
NV

Zip Code  
89502

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18483

Amount of Each Disbursement this Period

101.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4057 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18227

Amount of Each Disbursement this Period

137.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18228

Amount of Each Disbursement this Period

653.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18229

Amount of Each Disbursement this Period

455.40

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4058 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18250**

Amount of Each Disbursement this Period

253.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18251**

Amount of Each Disbursement this Period

378.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18284**

Amount of Each Disbursement this Period

555.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18453**

Amount of Each Disbursement this Period

157.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18454**

Amount of Each Disbursement this Period

342.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18455**

Amount of Each Disbursement this Period

626.01

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4060 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18506

Amount of Each Disbursement this Period

779.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18509

Amount of Each Disbursement this Period

206.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18539

Amount of Each Disbursement this Period

153.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 4061 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18540**

Amount of Each Disbursement this Period

231.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18541**

Amount of Each Disbursement this Period

196.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18542**

Amount of Each Disbursement this Period

222.70

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4062 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18543

Amount of Each Disbursement this Period

723.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18544

Amount of Each Disbursement this Period

130.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18545

Amount of Each Disbursement this Period

143.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4063 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18639**

Amount of Each Disbursement this Period

133.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18640**

Amount of Each Disbursement this Period

760.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18667**

Amount of Each Disbursement this Period

133.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4064 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18669**

Amount of Each Disbursement this Period

165.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18671**

Amount of Each Disbursement this Period

230.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18708**

Amount of Each Disbursement this Period

288.86

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4065 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18709**

Amount of Each Disbursement this Period

139.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18710**

Amount of Each Disbursement this Period

543.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18711**

Amount of Each Disbursement this Period

622.43

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18712

Amount of Each Disbursement this Period

133.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BARRON'S RENTAL CENTER**

Mailing Address 340 HAWTHORNE AVE

City ATHENS State GA Zip Code 30606

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18546

Amount of Each Disbursement this Period

791.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BATCH GASTROPUB**

Mailing Address 30 SW 12 ST

City MIAMI State FL Zip Code 33130

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18599

Amount of Each Disbursement this Period

603.53

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BELLAGIO HOTEL AND CASINO**

Mailing Address 3600 S LAS VEGAS BLVD

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18713**

Amount of Each Disbursement this Period

520.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BELLAGIO HOTEL AND CASINO**

Mailing Address 3600 S LAS VEGAS BLVD

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18714**

Amount of Each Disbursement this Period

403.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BELLAGIO HOTEL AND CASINO**

Mailing Address 3600 S LAS VEGAS BLVD

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18715**

Amount of Each Disbursement this Period

403.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18456

Amount of Each Disbursement this Period

4657.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18457

Amount of Each Disbursement this Period

3288.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18458

Amount of Each Disbursement this Period

6570.33

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4069 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.118459

Amount of Each Disbursement this Period

6083.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.118460

Amount of Each Disbursement this Period

64.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.118547

Amount of Each Disbursement this Period

911.59

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City  
**PHOENIX**

State  
**AZ**

Zip Code  
**85016**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18237**

Amount of Each Disbursement this Period

122.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City  
**PHOENIX**

State  
**AZ**

Zip Code  
**85016**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18292**

Amount of Each Disbursement this Period

120.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City  
**CORAL GABLES**

State  
**FL**

Zip Code  
**33134**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18249**

Amount of Each Disbursement this Period

220.35

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18308

Amount of Each Disbursement this Period

110.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18716

Amount of Each Disbursement this Period

220.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRIGHT HOUSE NETWORKS**

Mailing Address P.O. BOX 31710

City State Zip Code  
TAMPA FL 33631

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18248

Amount of Each Disbursement this Period

259.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4072 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City  
**PHOENIX**

State  
**AZ**

Zip Code  
**85054**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18549**

Amount of Each Disbursement this Period

746.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COMCAST**

Mailing Address P.O. BOX 530098

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30353**

Purpose of Disbursement  
**UTILITIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18289**

Amount of Each Disbursement this Period

376.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COMCAST**

Mailing Address P.O. BOX 530098

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30353**

Purpose of Disbursement  
**UTILITIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18312**

Amount of Each Disbursement this Period

439.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4073 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COMCAST**

Mailing Address P.O. BOX 530098

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30353**

Purpose of Disbursement  
**UTILITIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.118397**

Amount of Each Disbursement this Period

208.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COMCAST**

Mailing Address P.O. BOX 530098

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30353**

Purpose of Disbursement  
**UTILITIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.118548**

Amount of Each Disbursement this Period

1178.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COMCAST**

Mailing Address P.O. BOX 530098

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30353**

Purpose of Disbursement  
**UTILITIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.118663**

Amount of Each Disbursement this Period

59.93

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4074 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COMCAST**

Mailing Address P.O. BOX 530098

City  
ATLANTA

State  
GA

Zip Code  
30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18717

Amount of Each Disbursement this Period

2028.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COUNTRY INN & SUITES**

Mailing Address 11340 BLONDO ST

City  
OMAHA

State  
NE

Zip Code  
68164

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18637

Amount of Each Disbursement this Period

144.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CROWNE PLAZA**

Mailing Address 3 RAVINIA DR. STE 100

City  
ATLANTA

State  
GA

Zip Code  
30346

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18485

Amount of Each Disbursement this Period

458.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4075 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CROWNE PLAZA**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18550

Amount of Each Disbursement this Period

135.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CULINARY CRAFTS**

Mailing Address 573 W STATE ST. STE. A

City PLEASANT GROVE State UT Zip Code 84062

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18279

Amount of Each Disbursement this Period

5105.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18230

Amount of Each Disbursement this Period

466.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18231

Amount of Each Disbursement this Period

129.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18232

Amount of Each Disbursement this Period

346.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18233

Amount of Each Disbursement this Period

404.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4077 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18267**

Amount of Each Disbursement this Period

141.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18268**

Amount of Each Disbursement this Period

349.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18269**

Amount of Each Disbursement this Period

286.80

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4078 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18274

Amount of Each Disbursement this Period

732.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18287

Amount of Each Disbursement this Period

169.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18293

Amount of Each Disbursement this Period

280.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4079 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18307**

Amount of Each Disbursement this Period

272.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18334**

Amount of Each Disbursement this Period

164.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18335**

Amount of Each Disbursement this Period

368.36

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4080 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18336**

Amount of Each Disbursement this Period

531.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18355**

Amount of Each Disbursement this Period

189.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18398**

Amount of Each Disbursement this Period

368.36

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4081 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18399**

Amount of Each Disbursement this Period

176.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18400**

Amount of Each Disbursement this Period

726.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18401**

Amount of Each Disbursement this Period

562.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4082 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18402

Amount of Each Disbursement this Period

353.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18403

Amount of Each Disbursement this Period

528.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18404

Amount of Each Disbursement this Period

116.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4083 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18405

Amount of Each Disbursement this Period

139.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18461

Amount of Each Disbursement this Period

311.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18462

Amount of Each Disbursement this Period

524.34

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4084 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18463

Amount of Each Disbursement this Period

111.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18464

Amount of Each Disbursement this Period

1181.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18465

Amount of Each Disbursement this Period

104.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18466

Amount of Each Disbursement this Period

211.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18467

Amount of Each Disbursement this Period

903.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18505

Amount of Each Disbursement this Period

314.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18515**

Amount of Each Disbursement this Period

485.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18516**

Amount of Each Disbursement this Period

913.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18551**

Amount of Each Disbursement this Period

389.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4087 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18552**

Amount of Each Disbursement this Period

106.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18553**

Amount of Each Disbursement this Period

194.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18554**

Amount of Each Disbursement this Period

525.40

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4088 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18555

Amount of Each Disbursement this Period

531.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18556

Amount of Each Disbursement this Period

584.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18557

Amount of Each Disbursement this Period

549.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

PAGE 4089 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18558

Amount of Each Disbursement this Period

320.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18559

Amount of Each Disbursement this Period

549.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18560

Amount of Each Disbursement this Period

486.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 4090 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18561**

Amount of Each Disbursement this Period

531.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18562**

Amount of Each Disbursement this Period

645.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18563**

Amount of Each Disbursement this Period

-549.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4091 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18625**

Amount of Each Disbursement this Period

972.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18650**

Amount of Each Disbursement this Period

700.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18651**

Amount of Each Disbursement this Period

486.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4092 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18652

Amount of Each Disbursement this Period

425.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18653

Amount of Each Disbursement this Period

235.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18654

Amount of Each Disbursement this Period

-972.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4093 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18681**

Amount of Each Disbursement this Period

495.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18718**

Amount of Each Disbursement this Period

513.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18719**

Amount of Each Disbursement this Period

574.40

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18720**

Amount of Each Disbursement this Period

354.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18721**

Amount of Each Disbursement this Period

240.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18722**

Amount of Each Disbursement this Period

155.22

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18288

Amount of Each Disbursement this Period

346.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18406

Amount of Each Disbursement this Period

1428.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18419

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18257**

Amount of Each Disbursement this Period

507.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18578**

Amount of Each Disbursement this Period

184.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18614**

Amount of Each Disbursement this Period

233.38

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18629**

Amount of Each Disbursement this Period

246.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DROPBOX**

Mailing Address 185 BERRY ST

City State Zip Code  
SAN FRANCISCO CA 94107

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18564**

Amount of Each Disbursement this Period

135.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ELEMENT HOTEL**

Mailing Address 3285 NW 107TH AVE

City State Zip Code  
MIAMI FL 33172

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18407**

Amount of Each Disbursement this Period

178.12

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ELEMENT HOTEL**

Mailing Address 3285 NW 107TH AVE

City State Zip Code  
MIAMI FL 33172

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18521**

Amount of Each Disbursement this Period

157.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ELEMENT HOTEL**

Mailing Address 3285 NW 107TH AVE

City State Zip Code  
MIAMI FL 33172

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18565**

Amount of Each Disbursement this Period

157.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18295**

Amount of Each Disbursement this Period

192.09

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18270**

Amount of Each Disbursement this Period

16.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18290**

Amount of Each Disbursement this Period

86.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18311**

Amount of Each Disbursement this Period

95.39

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. ENTERPRISE CAR RENTAL

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18332

Amount of Each Disbursement this Period

19.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. ENTERPRISE CAR RENTAL

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18337

Amount of Each Disbursement this Period

9.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. ENTERPRISE CAR RENTAL

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18339

Amount of Each Disbursement this Period

1057.54

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18340**

Amount of Each Disbursement this Period

334.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18343**

Amount of Each Disbursement this Period

366.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18408**

Amount of Each Disbursement this Period

135.45

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18468

Amount of Each Disbursement this Period

182.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18469

Amount of Each Disbursement this Period

223.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18526

Amount of Each Disbursement this Period

13.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18566**

Amount of Each Disbursement this Period

267.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18567**

Amount of Each Disbursement this Period

387.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18568**

Amount of Each Disbursement this Period

918.69

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18569**

Amount of Each Disbursement this Period

188.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18570**

Amount of Each Disbursement this Period

135.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18571**

Amount of Each Disbursement this Period

242.64

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18606**

Amount of Each Disbursement this Period

154.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CREDIT-CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18613**

Amount of Each Disbursement this Period

-80.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18615**

Amount of Each Disbursement this Period

397.79

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18631**

Amount of Each Disbursement this Period

298.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18632**

Amount of Each Disbursement this Period

179.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18638**

Amount of Each Disbursement this Period

192.35

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18670**

Amount of Each Disbursement this Period

423.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18723**

Amount of Each Disbursement this Period

341.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18724**

Amount of Each Disbursement this Period

14.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18725**

Amount of Each Disbursement this Period

19.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18726**

Amount of Each Disbursement this Period

103.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18727**

Amount of Each Disbursement this Period

19.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18728

Amount of Each Disbursement this Period

222.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18234

Amount of Each Disbursement this Period

383.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City  
DALLAS

State  
TX

Zip Code  
75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18235

Amount of Each Disbursement this Period

55.11

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18243

Amount of Each Disbursement this Period

127.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18244

Amount of Each Disbursement this Period

614.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18247

Amount of Each Disbursement this Period

108.56

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18294**

Amount of Each Disbursement this Period

97.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18318**

Amount of Each Disbursement this Period

6.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18319**

Amount of Each Disbursement this Period

149.74

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18349

Amount of Each Disbursement this Period

130.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18409

Amount of Each Disbursement this Period

87.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18410

Amount of Each Disbursement this Period

173.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18470**

Amount of Each Disbursement this Period

76.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18471**

Amount of Each Disbursement this Period

782.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18502**

Amount of Each Disbursement this Period

64.51

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18508**

Amount of Each Disbursement this Period

30.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18522**

Amount of Each Disbursement this Period

165.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18523**

Amount of Each Disbursement this Period

117.05

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18572**

Amount of Each Disbursement this Period

665.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18573**

Amount of Each Disbursement this Period

131.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18574**

Amount of Each Disbursement this Period

17.01

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18575**

Amount of Each Disbursement this Period

228.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18607**

Amount of Each Disbursement this Period

145.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18628**

Amount of Each Disbursement this Period

101.42

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18655

Amount of Each Disbursement this Period

73.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18729

Amount of Each Disbursement this Period

186.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18730

Amount of Each Disbursement this Period

13.74

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GREAT PERFORMANCES**

Mailing Address 304 HUDSON ST

City  
**NEW YORK**

State Zip Code  
**NY 10013**

Purpose of Disbursement  
**CATERING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18328**

Amount of Each Disbursement this Period

2150.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State Zip Code  
**VA 22102**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18338**

Amount of Each Disbursement this Period

144.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State Zip Code  
**VA 22102**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18586**

Amount of Each Disbursement this Period

137.78

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18731

Amount of Each Disbursement this Period

294.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18732

Amount of Each Disbursement this Period

147.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HEADLIGHT AUDIO VISUAL, INC.**

Mailing Address 74 EVERGREEN DRIVE

City State Zip Code  
PORTLAND ME 04104

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18411

Amount of Each Disbursement this Period

1485.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18236**

Amount of Each Disbursement this Period

507.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18252**

Amount of Each Disbursement this Period

507.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18258**

Amount of Each Disbursement this Period

214.37

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18271

Amount of Each Disbursement this Period

305.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18296

Amount of Each Disbursement this Period

206.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18297

Amount of Each Disbursement this Period

244.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18298**

Amount of Each Disbursement this Period

260.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18299**

Amount of Each Disbursement this Period

244.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18300**

Amount of Each Disbursement this Period

244.16

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18301

Amount of Each Disbursement this Period

244.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18350

Amount of Each Disbursement this Period

156.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18472

Amount of Each Disbursement this Period

455.62

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18473

Amount of Each Disbursement this Period

285.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18474

Amount of Each Disbursement this Period

227.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18475

Amount of Each Disbursement this Period

227.81

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18476

Amount of Each Disbursement this Period

227.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18477

Amount of Each Disbursement this Period

227.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18478

Amount of Each Disbursement this Period

227.81

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18479

Amount of Each Disbursement this Period

184.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18480

Amount of Each Disbursement this Period

29.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18484

Amount of Each Disbursement this Period

262.90

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18576

Amount of Each Disbursement this Period

135.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18577

Amount of Each Disbursement this Period

169.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18605

Amount of Each Disbursement this Period

256.23

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18733**

Amount of Each Disbursement this Period

202.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18412**

Amount of Each Disbursement this Period

727.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18413**

Amount of Each Disbursement this Period

260.66

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18481

Amount of Each Disbursement this Period

636.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18664

Amount of Each Disbursement this Period

167.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18734

Amount of Each Disbursement this Period

145.58

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18735

Amount of Each Disbursement this Period

145.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOVER.COM**

Mailing Address 96 MOWAT AVE

City TORONTO State ON Zip Code 99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18656

Amount of Each Disbursement this Period

132.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18736

Amount of Each Disbursement this Period

131.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INFOMAX OFFICE SYSTEMS**

Mailing Address 1010 ILLINOIS ST

City  
DES MOINES

State  
IA

Zip Code  
50314

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18321

Amount of Each Disbursement this Period

484.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City  
ATLANTA

State  
GA

Zip Code  
30346

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18238

Amount of Each Disbursement this Period

405.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IQ MEDIA GROUP**

Mailing Address 625 W RIDGE PIKE BUILDING C STE 10

City  
CONSHOCKEN

State  
PA

Zip Code  
19428

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18273

Amount of Each Disbursement this Period

13750.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18239**

Amount of Each Disbursement this Period

288.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18259**

Amount of Each Disbursement this Period

468.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18260**

Amount of Each Disbursement this Period

523.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18261

Amount of Each Disbursement this Period

65.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18262

Amount of Each Disbursement this Period

65.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18351

Amount of Each Disbursement this Period

354.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18414

Amount of Each Disbursement this Period

388.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18486

Amount of Each Disbursement this Period

342.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LENOX HOTEL**

Mailing Address 61 EXETER ST AT BOYLSTON

City State Zip Code  
BOSTON MA 02116

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18416

Amount of Each Disbursement this Period

3158.62

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LENOX HOTEL**

Mailing Address 61 EXETER ST AT BOYLSTON

City State Zip Code  
BOSTON MA 02116

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18417

Amount of Each Disbursement this Period

1348.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LENOX HOTEL**

Mailing Address 61 EXETER ST AT BOYLSTON

City State Zip Code  
BOSTON MA 02116

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18487

Amount of Each Disbursement this Period

713.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LENOX HOTEL**

Mailing Address 61 EXETER ST AT BOYLSTON

City State Zip Code  
BOSTON MA 02116

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18488

Amount of Each Disbursement this Period

571.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. LENOX HOTEL

Mailing Address 61 EXETER ST AT BOYLSTON

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.118489

Amount of Each Disbursement this Period

456.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

### B. LENOX HOTEL

Mailing Address 61 EXETER ST AT BOYLSTON

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.118490

Amount of Each Disbursement this Period

456.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

### C. LEXIS NEXIS

Mailing Address 6501 PARK OF COMMERCE BLVD #140

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.118510

Amount of Each Disbursement this Period

2000.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MANGIA**

Mailing Address 22 W 23RD ST

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10010**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18347**

Amount of Each Disbursement this Period

45.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MANGIA**

Mailing Address 22 W 23RD ST

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10010**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18418**

Amount of Each Disbursement this Period

493.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
**BETHESDA**

State  
**MD**

Zip Code  
**20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18415**

Amount of Each Disbursement this Period

221.44

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18612

Amount of Each Disbursement this Period

545.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18630

Amount of Each Disbursement this Period

178.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MASON CITY FOUNDATION**

Mailing Address 308 S. PENNSYLVANIA AVE

City State Zip Code  
MASON CITY IA 50401

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18280

Amount of Each Disbursement this Period

550.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICROSOFT**

Mailing Address **ONE MICROSOFT WAY**

City **REDMOND** State **WA** Zip Code **98052**

Purpose of Disbursement  
**COMPUTER EQUIPMENT**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18240**

Amount of Each Disbursement this Period

96.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MILL FALLS**

Mailing Address **312 DANIEL WEBSTER HWY**

City **MEREDITH** State **NH** Zip Code **03253**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18396**

Amount of Each Disbursement this Period

3327.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address **6929 N LAKEWOOD AVE STE 100**

City **TULSA** State **OK** Zip Code **74117**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18320**

Amount of Each Disbursement this Period

221.90

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18324

Amount of Each Disbursement this Period

164.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18341

Amount of Each Disbursement this Period

221.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18342

Amount of Each Disbursement this Period

66.89

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18491

Amount of Each Disbursement this Period

52.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18512

Amount of Each Disbursement this Period

109.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18527

Amount of Each Disbursement this Period

11.25

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18579

Amount of Each Disbursement this Period

90.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18580

Amount of Each Disbursement this Period

149.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18581

Amount of Each Disbursement this Period

295.31

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. NATIONAL CAR RENTAL

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18582

Amount of Each Disbursement this Period

564.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

### B. NATIONAL CAR RENTAL

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18583

Amount of Each Disbursement this Period

155.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

### C. NATIONAL CAR RENTAL

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18584

Amount of Each Disbursement this Period

129.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18657

Amount of Each Disbursement this Period

41.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18672

Amount of Each Disbursement this Period

222.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18737

Amount of Each Disbursement this Period

185.61

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18738

Amount of Each Disbursement this Period

91.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18739

Amount of Each Disbursement this Period

105.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18740

Amount of Each Disbursement this Period

8.90

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18741

Amount of Each Disbursement this Period

11.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NESTLE PURE LIFE**

Mailing Address P.O. BOX 856680

City LOUISVILLE State KY Zip Code 40285

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18422

Amount of Each Disbursement this Period

598.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OMNI SHOREHAM HOTEL**

Mailing Address 2500 CALVERT ST NW

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18677

Amount of Each Disbursement this Period

225.36

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PAINTED PLATE INC.**

Mailing Address 203 S ELM ST

City  
**GREENSBORO**

State  
**NC**

Zip Code  
**27401**

Purpose of Disbursement  
**CATERING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18322**

Amount of Each Disbursement this Period

2419.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RBI SYSTEMS, INC**

Mailing Address 2000 S MYRTLE AVE

City  
**MONROVIA**

State  
**CA**

Zip Code  
**91016**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18302**

Amount of Each Disbursement this Period

2000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RONALD REAGAN FOUNDATION**

Mailing Address 40 PRESIDENTIAL DR.

City  
**SIMI VALLEY**

State  
**CA**

Zip Code  
**93065**

Purpose of Disbursement  
**PHONE SERVICE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18304**

Amount of Each Disbursement this Period

360.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
TERRACE

State  
FL

Zip Code  
33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.118241

Amount of Each Disbursement this Period

118.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
TERRACE

State  
FL

Zip Code  
33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.118242

Amount of Each Disbursement this Period

118.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
TERRACE

State  
FL

Zip Code  
33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.118246

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
TERRACE

State  
FL

Zip Code  
33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18585**

Amount of Each Disbursement this Period

117.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
TERRACE

State  
FL

Zip Code  
33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18742**

Amount of Each Disbursement this Period

68.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
TERRACE

State  
FL

Zip Code  
33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18743**

Amount of Each Disbursement this Period

117.46

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18331

Amount of Each Disbursement this Period

283.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18423

Amount of Each Disbursement this Period

958.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18424

Amount of Each Disbursement this Period

294.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18492

Amount of Each Disbursement this Period

439.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18493

Amount of Each Disbursement this Period

439.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18494

Amount of Each Disbursement this Period

522.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18495

Amount of Each Disbursement this Period

-522.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18496

Amount of Each Disbursement this Period

189.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18503

Amount of Each Disbursement this Period

482.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18514

Amount of Each Disbursement this Period

137.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18587

Amount of Each Disbursement this Period

82.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18588

Amount of Each Disbursement this Period

116.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18589

Amount of Each Disbursement this Period

436.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18620

Amount of Each Disbursement this Period

-479.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18621

Amount of Each Disbursement this Period

95.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18622

Amount of Each Disbursement this Period

436.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18744

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18745

Amount of Each Disbursement this Period

428.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18310**

Amount of Each Disbursement this Period

91.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18425**

Amount of Each Disbursement this Period

5.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18426**

Amount of Each Disbursement this Period

41.59

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18427

Amount of Each Disbursement this Period

7.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18428

Amount of Each Disbursement this Period

14.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18497

Amount of Each Disbursement this Period

12.51

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18498**

Amount of Each Disbursement this Period

42.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18524**

Amount of Each Disbursement this Period

27.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18600**

Amount of Each Disbursement this Period

21.59

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18601

Amount of Each Disbursement this Period

887.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18602

Amount of Each Disbursement this Period

11.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18610

Amount of Each Disbursement this Period

14.41

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18611**

Amount of Each Disbursement this Period

192.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18635**

Amount of Each Disbursement this Period

11.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18636**

Amount of Each Disbursement this Period

257.98

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18746**

Amount of Each Disbursement this Period

15.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18590**

Amount of Each Disbursement this Period

195.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18591**

Amount of Each Disbursement this Period

168.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18603

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18604

Amount of Each Disbursement this Period

20.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
CREDIT-TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18659

Amount of Each Disbursement this Period

-168.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
CREDIT-TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18660

Amount of Each Disbursement this Period

-20.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
CREDIT-TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18661

Amount of Each Disbursement this Period

-5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
CREDIT-TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18662

Amount of Each Disbursement this Period

-195.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNION LEAGUE OF PHILADELPHIA**

Mailing Address 140 SOUTH BROAD STREET

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18245

Amount of Each Disbursement this Period

2847.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18309

Amount of Each Disbursement this Period

88.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18429

Amount of Each Disbursement this Period

262.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18592**

Amount of Each Disbursement this Period

421.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18593**

Amount of Each Disbursement this Period

173.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18594**

Amount of Each Disbursement this Period

216.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**CREDIT-AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18747**

Amount of Each Disbursement this Period

-421.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City  
**TEMPE**

State  
**AZ**

Zip Code  
**85281**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18275**

Amount of Each Disbursement this Period

48.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City  
**TEMPE**

State  
**AZ**

Zip Code  
**85281**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18276**

Amount of Each Disbursement this Period

226.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18317

Amount of Each Disbursement this Period

-1600.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18326

Amount of Each Disbursement this Period

407.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18356

Amount of Each Disbursement this Period

226.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18430**

Amount of Each Disbursement this Period

173.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18431**

Amount of Each Disbursement this Period

262.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18499**

Amount of Each Disbursement this Period

233.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18500**

Amount of Each Disbursement this Period

162.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18501**

Amount of Each Disbursement this Period

342.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18595**

Amount of Each Disbursement this Period

355.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18596**

Amount of Each Disbursement this Period

352.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18597**

Amount of Each Disbursement this Period

215.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18619**

Amount of Each Disbursement this Period

327.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18642**

Amount of Each Disbursement this Period

98.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18643**

Amount of Each Disbursement this Period

258.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18678**

Amount of Each Disbursement this Period

346.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18748**

Amount of Each Disbursement this Period

478.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City State Zip Code  
WASHINGTON DC 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18598**

Amount of Each Disbursement this Period

246.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VENETIAN HOTEL**

Mailing Address 3355 LAS VEGAS BLVD S

City State Zip Code  
LAS VEGAS NV 89109

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18749**

Amount of Each Disbursement this Period

422.35

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VENETIAN HOTEL**

Mailing Address 3355 LAS VEGAS BLVD S

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18750**

Amount of Each Disbursement this Period

422.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VENETIAN HOTEL**

Mailing Address 3355 LAS VEGAS BLVD S

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18751**

Amount of Each Disbursement this Period

422.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERIZON WIRELESS**

Mailing Address 15 FEDERAL ROAD

City  
BROOKFIELD

State  
CT

Zip Code  
06804

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18433**

Amount of Each Disbursement this Period

378.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VIRGIN AMERICA AIRLINES**

Mailing Address 555 AIRPORT BLVD

City  
**BURLINGAME**

State  
**CA**

Zip Code  
**94010**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18432**

Amount of Each Disbursement this Period

417.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
**LEXINGTON**

State  
**MA**

Zip Code  
**02421**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18633**

Amount of Each Disbursement this Period

24.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
**LEXINGTON**

State  
**MA**

Zip Code  
**02421**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I18634**

Amount of Each Disbursement this Period

46.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALDORF ASTORIA HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FACILITY RENTAL/EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18665

Amount of Each Disbursement this Period

1279.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18507

Amount of Each Disbursement this Period

21.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City State Zip Code  
STAMFORD CT 06902

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18608

Amount of Each Disbursement this Period

2684.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTLAKE VILLAGE INN**

Mailing Address 31943 AGOURA RD

City WESTLAKE VILLAGE State CA Zip Code 91361

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18420

Amount of Each Disbursement this Period

159.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTLAKE VILLAGE INN**

Mailing Address 31943 AGOURA RD

City WESTLAKE VILLAGE State CA Zip Code 91361

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I18421

Amount of Each Disbursement this Period

659.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10362

Amount of Each Disbursement this Period

46584.35

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

46584.35

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. 13 COINS RESTAURANT**

Mailing Address 900 BELLEVUE WAY NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17641

Amount of Each Disbursement this Period

458.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17687

Amount of Each Disbursement this Period

26.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17710

Amount of Each Disbursement this Period

248.57

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. B&H PHOTO**

Mailing Address 420 9TH AVE

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10001**

Purpose of Disbursement  
**COMPUTER EQUIPMENT**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17701**

Amount of Each Disbursement this Period

78.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEVMO**

Mailing Address 3455 GEARY BLVD

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94118**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17644**

Amount of Each Disbursement this Period

316.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City  
**CORAL GABLES**

State  
**FL**

Zip Code  
**33134**

Purpose of Disbursement  
**FACILITY RENTAL/CATERING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17645**

Amount of Each Disbursement this Period

627.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17646

Amount of Each Disbursement this Period

220.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17647

Amount of Each Disbursement this Period

330.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17706

Amount of Each Disbursement this Period

220.35

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.117708

Amount of Each Disbursement this Period

330.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BULLFEATHERS**

Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.117707

Amount of Each Disbursement this Period

473.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CENTURY LINK**

Mailing Address P.O. BOX 2961

City PHOENIX State AZ Zip Code 85062

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.117643

Amount of Each Disbursement this Period

147.83

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COUNTRY INN & SUITES**

Mailing Address 11340 BLONDO ST

City OMAHA State NE Zip Code 68164

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17691

Amount of Each Disbursement this Period

155.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COUNTRY INN & SUITES**

Mailing Address 11340 BLONDO ST

City OMAHA State NE Zip Code 68164

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17692

Amount of Each Disbursement this Period

160.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COUNTRY INN & SUITES**

Mailing Address 11340 BLONDO ST

City OMAHA State NE Zip Code 68164

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17693

Amount of Each Disbursement this Period

160.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COUNTRY INN & SUITES**

Mailing Address 11340 BLONDO ST

City State Zip Code  
OMAHA NE 68164

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17694

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City State Zip Code  
TAMPA FL 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17648

Amount of Each Disbursement this Period

1667.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City State Zip Code  
TAMPA FL 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17656

Amount of Each Disbursement this Period

97.32

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17713

Amount of Each Disbursement this Period

320.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17700

Amount of Each Disbursement this Period

70.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17702

Amount of Each Disbursement this Period

245.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17703

Amount of Each Disbursement this Period

245.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17704

Amount of Each Disbursement this Period

604.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17705

Amount of Each Disbursement this Period

245.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DROPBOX**

Mailing Address 185 BERRY ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.117689

Amount of Each Disbursement this Period

3150.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FOUR SEASONS HOTELS**

Mailing Address 1165 LESLIE ST

City  
TORONTO

State  
ON

Zip Code  
99999

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.117721

Amount of Each Disbursement this Period

1061.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON AMERICAN GRILL**

Mailing Address 12245 KATY FWY

City  
HOUSTON

State  
TX

Zip Code  
77079

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.117711

Amount of Each Disbursement this Period

449.02

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17649**

Amount of Each Disbursement this Period

868.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17650**

Amount of Each Disbursement this Period

868.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17651**

Amount of Each Disbursement this Period

868.29

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17652

Amount of Each Disbursement this Period

868.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17653

Amount of Each Disbursement this Period

868.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17714

Amount of Each Disbursement this Period

-0.37

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17715

Amount of Each Disbursement this Period

-434.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17716

Amount of Each Disbursement this Period

-0.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17717

Amount of Each Disbursement this Period

-0.37

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HISTORIC PARK INN**

Mailing Address 15 W STATE ST

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17695

Amount of Each Disbursement this Period

143.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HISTORIC PARK INN**

Mailing Address 15 W STATE ST

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17696

Amount of Each Disbursement this Period

168.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HISTORIC PARK INN**

Mailing Address 15 W STATE ST

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17697

Amount of Each Disbursement this Period

224.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HISTORIC PARK INN**

Mailing Address 15 W STATE ST

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17698

Amount of Each Disbursement this Period

162.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HISTORIC PARK INN**

Mailing Address 15 W STATE ST

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17699

Amount of Each Disbursement this Period

196.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17720

Amount of Each Disbursement this Period

335.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLY BAGELS**

Mailing Address 15903 BISCAYNE BAY BLVD

City NORTH MIAMI BEACH State FL Zip Code 33160

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17690

Amount of Each Disbursement this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17635

Amount of Each Disbursement this Period

817.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17662

Amount of Each Disbursement this Period

330.62

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17663**

Amount of Each Disbursement this Period

342.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17664**

Amount of Each Disbursement this Period

353.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17665**

Amount of Each Disbursement this Period

353.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.117666**

Amount of Each Disbursement this Period

427.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. IDONATE PRO**

Mailing Address 2033 SAN ELIJO AVE #203

City  
**CARDIFF BY THE SEA**

State  
**CA**

Zip Code  
**92007**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.117642**

Amount of Each Disbursement this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IDONATE PRO**

Mailing Address 2033 SAN ELIJO AVE #203

City  
**CARDIFF BY THE SEA**

State  
**CA**

Zip Code  
**92007**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.117709**

Amount of Each Disbursement this Period

3180.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JACKSON'S**

Mailing Address 601 S HARBOUR ISLAND BLVD

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.117636

Amount of Each Disbursement this Period

1168.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JACKSON'S**

Mailing Address 601 S HARBOUR ISLAND BLVD

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.117654

Amount of Each Disbursement this Period

1168.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JACKSON'S**

Mailing Address 601 S HARBOUR ISLAND BLVD

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
CREDIT-FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.117685

Amount of Each Disbursement this Period

-1168.40

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MACKINAW SHUTTLE**

Mailing Address 1395 US HWY 31

City State Zip Code  
**PELLSTON MI 49769**

Purpose of Disbursement  
**TRANSPORTATION**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17686**

Amount of Each Disbursement this Period

480.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
**BETHESDA MD 20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17657**

Amount of Each Disbursement this Period

323.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
**BETHESDA MD 20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17658**

Amount of Each Disbursement this Period

155.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17659**

Amount of Each Disbursement this Period

155.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17660**

Amount of Each Disbursement this Period

155.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17661**

Amount of Each Disbursement this Period

155.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17667

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17668

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I17669

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17670**

Amount of Each Disbursement this Period

174.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17671**

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17672**

Amount of Each Disbursement this Period

333.76

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICHAEL RAMOS PHOTOGRAPHER**

Mailing Address 5016 ALLEN ST

City  
HOUSTON

State  
TX

Zip Code  
77007

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17719**

Amount of Each Disbursement this Period

275.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NV ENERGY**

Mailing Address P.O. BOX 30065

City  
RENO

State  
NV

Zip Code  
89520

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17655**

Amount of Each Disbursement this Period

133.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PURPLE COMMUNICATIONS, INC**

Mailing Address 595 MENLO DR.

City  
ROCKLIN

State  
CA

Zip Code  
95765

Purpose of Disbursement  
TRANSLATION FEE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17634**

Amount of Each Disbursement this Period

595.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STUB HUB**

Mailing Address 199 FREMONT ST. FLOOR 4

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17673**

Amount of Each Disbursement this Period

129.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STUB HUB**

Mailing Address 199 FREMONT ST. FLOOR 4

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17674**

Amount of Each Disbursement this Period

119.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STUB HUB**

Mailing Address 199 FREMONT ST. FLOOR 4

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17675**

Amount of Each Disbursement this Period

165.96

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TABLEAU SOFTWARE, INC.**

Mailing Address P.O. BOX 204021

City  
DALLAS

State  
TX

Zip Code  
75320

Purpose of Disbursement  
SOFTWARE PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17637**

Amount of Each Disbursement this Period

466.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TABLEAU SOFTWARE, INC.**

Mailing Address P.O. BOX 204021

City  
DALLAS

State  
TX

Zip Code  
75320

Purpose of Disbursement  
SOFTWARE PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17638**

Amount of Each Disbursement this Period

5757.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TABLEAU SOFTWARE, INC.**

Mailing Address P.O. BOX 204021

City  
DALLAS

State  
TX

Zip Code  
75320

Purpose of Disbursement  
SOFTWARE PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17639**

Amount of Each Disbursement this Period

1999.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE CLASSIC CENTER**

Mailing Address 300 N THOMAS ST

City  
ATHENS

State  
GA

Zip Code  
30601

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17676**

Amount of Each Disbursement this Period

3000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THERAPY RESTAURANT**

Mailing Address 518 FREMONT ST

City  
LAS VEGAS

State  
NV

Zip Code  
89101

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17677**

Amount of Each Disbursement this Period

2499.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VICKI MACK PHOTOGRAPGHY**

Mailing Address 2509 VIA PINALE

City  
PALOS VERDES ESTAT

State  
CA

Zip Code  
90274

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17688**

Amount of Each Disbursement this Period

350.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17684**

Amount of Each Disbursement this Period

48.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
**STAMFORD**

State  
**CT**

Zip Code  
**06902**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17678**

Amount of Each Disbursement this Period

245.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
**STAMFORD**

State  
**CT**

Zip Code  
**06902**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17679**

Amount of Each Disbursement this Period

411.30

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17680**

Amount of Each Disbursement this Period

298.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17681**

Amount of Each Disbursement this Period

253.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17682**

Amount of Each Disbursement this Period

576.54

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILDSIDE BAR & GRILL**

Mailing Address 700 E WASHINGTON ST

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

Purpose of Disbursement  
**CATERING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17640**

Amount of Each Disbursement this Period

252.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILDSIDE BAR & GRILL**

Mailing Address 700 E WASHINGTON ST

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

Purpose of Disbursement  
**FACILITY RENTAL/CATERING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I17683**

Amount of Each Disbursement this Period

350.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I10396**

Amount of Each Disbursement this Period

576.74

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

576.74

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 4206 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18190**

Amount of Each Disbursement this Period

576.74

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City State Zip Code  
DALLAS TX 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I10398**

Amount of Each Disbursement this Period

2303.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ALOFT**

Mailing Address 1001 SW 2ND AVE

City State Zip Code  
MIAMI FL 33130

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18194**

Amount of Each Disbursement this Period

134.47

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2303.79

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4207 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOTEL TONIGHT**

Mailing Address 901 MARKET ST STE 310

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18199

Amount of Each Disbursement this Period

207.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOTEL TONIGHT**

Mailing Address 901 MARKET ST STE 310

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18202

Amount of Each Disbursement this Period

261.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OMNI BERKSHIRE PLACE**

Mailing Address 21 EAST 52ND ST

City State Zip Code  
NEW YORK NY 10022

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18201

Amount of Each Disbursement this Period

790.66

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4208 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18191

Amount of Each Disbursement this Period

29.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18192

Amount of Each Disbursement this Period

8.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18193

Amount of Each Disbursement this Period

7.76

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18195**

Amount of Each Disbursement this Period

19.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18196**

Amount of Each Disbursement this Period

17.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18197**

Amount of Each Disbursement this Period

44.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4210 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18198**

Amount of Each Disbursement this Period

17.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18200**

Amount of Each Disbursement this Period

35.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18203**

Amount of Each Disbursement this Period

14.63

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18204**

Amount of Each Disbursement this Period

30.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18205**

Amount of Each Disbursement this Period

9.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18206**

Amount of Each Disbursement this Period

18.80

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4212 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.118207

Amount of Each Disbursement this Period

9.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.118208

Amount of Each Disbursement this Period

29.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.118209

Amount of Each Disbursement this Period

111.72

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18210**

Amount of Each Disbursement this Period

35.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18211**

Amount of Each Disbursement this Period

8.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I18212**

Amount of Each Disbursement this Period

5.22

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18213

Amount of Each Disbursement this Period

9.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18214

Amount of Each Disbursement this Period

7.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18215

Amount of Each Disbursement this Period

8.36

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18217

Amount of Each Disbursement this Period

8.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VENETIAN HOTEL**

Mailing Address 3355 LAS VEGAS BLVD S

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I18216

Amount of Each Disbursement this Period

423.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10413

Amount of Each Disbursement this Period

63404.14

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

63404.14

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALOFT**

Mailing Address 1001 SW 2ND AVE

City State Zip Code  
MIAMI FL 33130

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18823

Amount of Each Disbursement this Period

323.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALOFT**

Mailing Address 1001 SW 2ND AVE

City State Zip Code  
MIAMI FL 33130

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18824

Amount of Each Disbursement this Period

323.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City State Zip Code  
SEATTLE WA 98109

Purpose of Disbursement  
DATA STORAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18908

Amount of Each Disbursement this Period

5168.87

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18752**

Amount of Each Disbursement this Period

614.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18753**

Amount of Each Disbursement this Period

258.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18754**

Amount of Each Disbursement this Period

253.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18755

Amount of Each Disbursement this Period

-362.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18756

Amount of Each Disbursement this Period

435.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18757

Amount of Each Disbursement this Period

334.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18758

Amount of Each Disbursement this Period

740.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18759

Amount of Each Disbursement this Period

168.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18760

Amount of Each Disbursement this Period

523.35

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18761**

Amount of Each Disbursement this Period

219.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18762**

Amount of Each Disbursement this Period

206.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18763**

Amount of Each Disbursement this Period

388.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18764**

Amount of Each Disbursement this Period

119.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18845**

Amount of Each Disbursement this Period

299.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18847**

Amount of Each Disbursement this Period

549.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18848**

Amount of Each Disbursement this Period

299.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18849**

Amount of Each Disbursement this Period

299.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18851**

Amount of Each Disbursement this Period

299.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18873**

Amount of Each Disbursement this Period

210.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18874**

Amount of Each Disbursement this Period

547.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18876**

Amount of Each Disbursement this Period

796.70

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18877**

Amount of Each Disbursement this Period

572.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18878**

Amount of Each Disbursement this Period

510.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18880**

Amount of Each Disbursement this Period

388.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18881**

Amount of Each Disbursement this Period

513.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18907**

Amount of Each Disbursement this Period

878.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18912**

Amount of Each Disbursement this Period

449.93

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18913**

Amount of Each Disbursement this Period

376.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18914**

Amount of Each Disbursement this Period

284.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18915**

Amount of Each Disbursement this Period

105.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18916**

Amount of Each Disbursement this Period

819.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18922**

Amount of Each Disbursement this Period

128.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18923**

Amount of Each Disbursement this Period

686.31

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18924**

Amount of Each Disbursement this Period

729.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18939**

Amount of Each Disbursement this Period

186.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18960**

Amount of Each Disbursement this Period

388.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18961**

Amount of Each Disbursement this Period

439.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18962**

Amount of Each Disbursement this Period

741.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18963**

Amount of Each Disbursement this Period

354.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18964**

Amount of Each Disbursement this Period

335.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18965**

Amount of Each Disbursement this Period

391.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18983**

Amount of Each Disbursement this Period

732.17

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18765**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18766**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18767**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18768**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18769**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18770**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18771**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18772**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18773**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.118774**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.118775**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.118776**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

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☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18777**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18778**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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TRAVEL

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Office Sought: ☐ House  
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☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18779**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

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Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18780**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18781**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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TRAVEL

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Office Sought: ☐ House  
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☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18782**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



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State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18783**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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State: District:

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M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18784**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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Candidate Name

Office Sought: ☐ House  
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☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18785**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

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Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18786**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18787**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18788**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18789**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18790**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18791**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Office Sought: ☐ House  
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Disbursement For: 2016  
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State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18792**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18793**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18853**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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TRAVEL

Candidate Name

Office Sought: ☐ House  
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☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18855**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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TRAVEL

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☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18856**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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TRAVEL

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☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18857**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18858**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18859**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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Purpose of Disbursement  
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☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18860**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

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TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18864**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18886**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18887**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18888**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18889**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18890**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18891**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18892**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18893**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18894**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18895**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18896**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18897**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18898**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18899**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18900**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18902**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18904**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18932**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18933**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18934**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18935**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18942**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18943**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18944**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18945**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18946**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18947**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18948**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18949**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18950**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18952**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18953**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18966**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18967**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18975**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18976**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18977**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18978**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18979**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18980**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18981**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City State Zip Code  
DALLAS TX 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18982**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City State Zip Code  
AVENTURA FL 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18794**

Amount of Each Disbursement this Period

445.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City State Zip Code  
AVENTURA FL 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18795**

Amount of Each Disbursement this Period

450.40

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18796

Amount of Each Disbursement this Period

654.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18797

Amount of Each Disbursement this Period

253.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18798

Amount of Each Disbursement this Period

389.73

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18799**

Amount of Each Disbursement this Period

283.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18800**

Amount of Each Disbursement this Period

594.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18801**

Amount of Each Disbursement this Period

283.38

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18905**

Amount of Each Disbursement this Period

137.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18917**

Amount of Each Disbursement this Period

389.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18940**

Amount of Each Disbursement this Period

306.21

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18972

Amount of Each Disbursement this Period

150.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18973

Amount of Each Disbursement this Period

463.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18974

Amount of Each Disbursement this Period

489.61

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18955

Amount of Each Disbursement this Period

1765.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18956

Amount of Each Disbursement this Period

1042.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COMCAST**

Mailing Address P.O. BOX 530098

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18802

Amount of Each Disbursement this Period

331.83

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CREATESPACE**

Mailing Address 4900 LACROSS RD

City NORTH CHARLESTON State SC Zip Code 29406

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18803

Amount of Each Disbursement this Period

7567.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18804

Amount of Each Disbursement this Period

240.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18805

Amount of Each Disbursement this Period

1330.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18806**

Amount of Each Disbursement this Period

424.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18807**

Amount of Each Disbursement this Period

454.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18808**

Amount of Each Disbursement this Period

267.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18809

Amount of Each Disbursement this Period

129.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18846

Amount of Each Disbursement this Period

553.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18867

Amount of Each Disbursement this Period

373.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18868

Amount of Each Disbursement this Period

719.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18869

Amount of Each Disbursement this Period

1227.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18870

Amount of Each Disbursement this Period

236.23

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18871

Amount of Each Disbursement this Period

373.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18872

Amount of Each Disbursement this Period

373.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18875

Amount of Each Disbursement this Period

436.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18910

Amount of Each Disbursement this Period

531.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18911

Amount of Each Disbursement this Period

495.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18925

Amount of Each Disbursement this Period

553.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18926**

Amount of Each Disbursement this Period

523.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18927**

Amount of Each Disbursement this Period

778.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18928**

Amount of Each Disbursement this Period

212.06

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18929**

Amount of Each Disbursement this Period

699.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18930**

Amount of Each Disbursement this Period

549.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18810**

Amount of Each Disbursement this Period

175.83

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18820**

Amount of Each Disbursement this Period

-248.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18821**

Amount of Each Disbursement this Period

248.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18822**

Amount of Each Disbursement this Period

248.59

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18884

Amount of Each Disbursement this Period

-248.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DROPBOX**

Mailing Address 185 BERRY ST

City State Zip Code  
SAN FRANCISCO CA 94107

Purpose of Disbursement  
CREDIT-SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18844

Amount of Each Disbursement this Period

-81.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City State Zip Code  
ST. LOUIS MO 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18811

Amount of Each Disbursement this Period

30.53

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18812**

Amount of Each Disbursement this Period

10.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18813**

Amount of Each Disbursement this Period

146.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18814**

Amount of Each Disbursement this Period

115.44

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18862

Amount of Each Disbursement this Period

223.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18863

Amount of Each Disbursement this Period

131.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18951

Amount of Each Disbursement this Period

13.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18957**

Amount of Each Disbursement this Period

108.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18968**

Amount of Each Disbursement this Period

5.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18920**

Amount of Each Disbursement this Period

141.24

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18921

Amount of Each Disbursement this Period

141.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18815

Amount of Each Disbursement this Period

52.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18816

Amount of Each Disbursement this Period

122.18

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18817

Amount of Each Disbursement this Period

221.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18866

Amount of Each Disbursement this Period

466.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18909

Amount of Each Disbursement this Period

16.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18918**

Amount of Each Disbursement this Period

170.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18919**

Amount of Each Disbursement this Period

2.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18954**

Amount of Each Disbursement this Period

111.56

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18865

Amount of Each Disbursement this Period

244.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18936

Amount of Each Disbursement this Period

658.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18818

Amount of Each Disbursement this Period

412.02

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18819

Amount of Each Disbursement this Period

412.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18861

Amount of Each Disbursement this Period

455.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18854

Amount of Each Disbursement this Period

499.68

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18906

Amount of Each Disbursement this Period

-333.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18885

Amount of Each Disbursement this Period

482.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICROSOFT**

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18825

Amount of Each Disbursement this Period

269.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18826

Amount of Each Disbursement this Period

170.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18901

Amount of Each Disbursement this Period

123.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18903

Amount of Each Disbursement this Period

153.92

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18941

Amount of Each Disbursement this Period

146.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18827

Amount of Each Disbursement this Period

-95.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18828

Amount of Each Disbursement this Period

238.01

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18829

Amount of Each Disbursement this Period

159.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18843

Amount of Each Disbursement this Period

221.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18850

Amount of Each Disbursement this Period

-12.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18879

Amount of Each Disbursement this Period

436.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18882

Amount of Each Disbursement this Period

308.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18958

Amount of Each Disbursement this Period

260.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18959

Amount of Each Disbursement this Period

447.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18970

Amount of Each Disbursement this Period

260.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18971

Amount of Each Disbursement this Period

260.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18830

Amount of Each Disbursement this Period

226.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18831

Amount of Each Disbursement this Period

20.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18832

Amount of Each Disbursement this Period

85.71

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18833

Amount of Each Disbursement this Period

15.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18834

Amount of Each Disbursement this Period

3.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18835

Amount of Each Disbursement this Period

6.31

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18836**

Amount of Each Disbursement this Period

60.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18837**

Amount of Each Disbursement this Period

17.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18931**

Amount of Each Disbursement this Period

209.80

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18838**

Amount of Each Disbursement this Period

133.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18839**

Amount of Each Disbursement this Period

318.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18840**

Amount of Each Disbursement this Period

137.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18841**

Amount of Each Disbursement this Period

258.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18852**

Amount of Each Disbursement this Period

502.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I18937**

Amount of Each Disbursement this Period

339.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18938

Amount of Each Disbursement this Period

650.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18969

Amount of Each Disbursement this Period

238.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City State Zip Code  
STAMFORD CT 06902

Purpose of Disbursement  
CREDIT-FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I18842

Amount of Each Disbursement this Period

-33.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I10414**

Amount of Each Disbursement this Period

28122.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I17750**

Amount of Each Disbursement this Period

26.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I17751**

Amount of Each Disbursement this Period

49.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

28122.84

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.117758**

Amount of Each Disbursement this Period

26.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.117722**

Amount of Each Disbursement this Period

207.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.117745**

Amount of Each Disbursement this Period

105.96

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.117730**

Amount of Each Disbursement this Period

220.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City State Zip Code  
ATLANTA GA 30349

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.117723**

Amount of Each Disbursement this Period

135.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City State Zip Code  
TAMPA FL 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.117749**

Amount of Each Disbursement this Period

8.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17726

Amount of Each Disbursement this Period

306.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17727

Amount of Each Disbursement this Period

306.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17728

Amount of Each Disbursement this Period

329.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17729

Amount of Each Disbursement this Period

306.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17732

Amount of Each Disbursement this Period

15.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17735

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.117736

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.117737

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.117738

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 4299 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17739

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17740

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17741

Amount of Each Disbursement this Period

466.52

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.117742

Amount of Each Disbursement this Period

466.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.117746

Amount of Each Disbursement this Period

514.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.117725

Amount of Each Disbursement this Period

240.13

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.117748**

Amount of Each Disbursement this Period

343.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**CREDIT-LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.117752**

Amount of Each Disbursement this Period

-343.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IDONATE PRO**

Mailing Address 2033 SAN ELIJO AVE #203

City  
**CARDIFF BY THE SEA**

State  
**CA**

Zip Code  
**92007**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.117747**

Amount of Each Disbursement this Period

16175.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I17733**

Amount of Each Disbursement this Period

491.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I17757**

Amount of Each Disbursement this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEDIACOM**

Mailing Address 1 MEDIACOM WAY

City  
MEDIACOM PARK

State  
NY

Zip Code  
10918

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I17744**

Amount of Each Disbursement this Period

187.40

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PETROLEUM CLUB OF OKLAHOMA CITY**

Mailing Address 100 N BROADWAY

City OKLAHOMA CITY State OK Zip Code 73102

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17724

Amount of Each Disbursement this Period

1864.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PMC**

Mailing Address 306 42ND AVE N

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement  
VALET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17753

Amount of Each Disbursement this Period

493.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PREMIERE VALET**

Mailing Address 6700 SW 105TH AVE #104

City BEAVERTON State OR Zip Code 97008

Purpose of Disbursement  
VALET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17731

Amount of Each Disbursement this Period

864.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.117734

Amount of Each Disbursement this Period

542.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.117755

Amount of Each Disbursement this Period

197.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.117756

Amount of Each Disbursement this Period

12.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERVEMAIL**

Mailing Address 5348 VEGAS DR. STE 289

City  
LAS VEGAS

State  
NV

Zip Code  
89108

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17743

Amount of Each Disbursement this Period

365.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALDORF ASTORIA HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17754

Amount of Each Disbursement this Period

1200.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WYNDHAM HOTEL GROUPS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I17759

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10451

Amount of Each Disbursement this Period

20025.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

### B. BEST BUY

Mailing Address 7601 PENN AVE S

City  
RICHFIELD

State  
MN

Zip Code  
55423

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17815

Amount of Each Disbursement this Period

460.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

### C. BMI

Mailing Address 10 MUSIC SQUARE EAST

City  
NASHVILLE

State  
TN

Zip Code  
37203

Purpose of Disbursement  
LICENSE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17813

Amount of Each Disbursement this Period

110.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

20025.10

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHESAPEAKE'S RESTAURANT**

Mailing Address 500 HENLEY ST

City KNOXVILLE State TN Zip Code 37902

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117760

Amount of Each Disbursement this Period

416.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COMCAST**

Mailing Address P.O. BOX 530098

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117761

Amount of Each Disbursement this Period

784.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117775

Amount of Each Disbursement this Period

231.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.117802**

Amount of Each Disbursement this Period

355.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.117776**

Amount of Each Disbursement this Period

198.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.117777**

Amount of Each Disbursement this Period

396.30

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117778

Amount of Each Disbursement this Period

572.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117779

Amount of Each Disbursement this Period

572.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117780

Amount of Each Disbursement this Period

1.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 16 2015

Transaction ID : SB23.I17798

Amount of Each Disbursement this Period

948.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 16 2015

Transaction ID : SB23.I17799

Amount of Each Disbursement this Period

946.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 16 2015

Transaction ID : SB23.I17800

Amount of Each Disbursement this Period

396.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17801

Amount of Each Disbursement this Period

605.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17816

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17817

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17818**

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17819**

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17820**

Amount of Each Disbursement this Period

233.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17821

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17822

Amount of Each Disbursement this Period

233.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City State Zip Code  
LINCOLN NH 03251

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17803

Amount of Each Disbursement this Period

118.81

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4314 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.117804**

Amount of Each Disbursement this Period

118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.117805**

Amount of Each Disbursement this Period

118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.117806**

Amount of Each Disbursement this Period

118.81

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4315 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.117807**

Amount of Each Disbursement this Period

118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.117808**

Amount of Each Disbursement this Period

118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.117809**

Amount of Each Disbursement this Period

118.81

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4316 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17810**

Amount of Each Disbursement this Period

118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17811**

Amount of Each Disbursement this Period

118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETTIES**

Mailing Address 3305 45TH ST, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17781**

Amount of Each Disbursement this Period

266.86

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 4317 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117762

Amount of Each Disbursement this Period

197.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117763

Amount of Each Disbursement this Period

200.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117764

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17765**

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17766**

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17767**

Amount of Each Disbursement this Period

344.96

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17768

Amount of Each Disbursement this Period

344.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17769

Amount of Each Disbursement this Period

178.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17770

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17771

Amount of Each Disbursement this Period

207.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17772

Amount of Each Disbursement this Period

178.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17773

Amount of Each Disbursement this Period

178.08

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4321 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117774

Amount of Each Disbursement this Period

230.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117786

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117787

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4322 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17788**

Amount of Each Disbursement this Period

322.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17789**

Amount of Each Disbursement this Period

322.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17790**

Amount of Each Disbursement this Period

166.88

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4323 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17791

Amount of Each Disbursement this Period

178.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17792

Amount of Each Disbursement this Period

178.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NOVATOO INC**

Mailing Address P.O. BOX 88478

City State Zip Code  
CAROL STREAM IL 60188

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I17782

Amount of Each Disbursement this Period

520.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SANDY JAMES PRODUCTIONS**

Mailing Address 700 FLORIDA MANGO RD

City WEST PALM BEACH State FL Zip Code 33406

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17783**

Amount of Each Disbursement this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SANDY JAMES PRODUCTIONS**

Mailing Address 700 FLORIDA MANGO RD

City WEST PALM BEACH State FL Zip Code 33406

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17784**

Amount of Each Disbursement this Period

69.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE CHICAGO CLUB**

Mailing Address 81 E VAN BUREN ST

City CHICAGO State IL Zip Code 60605

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17812**

Amount of Each Disbursement this Period

1163.18

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE CLUB, INC**

Mailing Address 1 ROBERT S. SMITH DR.

City BIRMINGHAM State AL Zip Code 35209

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117793

Amount of Each Disbursement this Period

1145.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE PRINT HOUSE, INC**

Mailing Address 23014 COMMERCE DR.

City FARMINGTON HILLS State MI Zip Code 48335

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117794

Amount of Each Disbursement this Period

1415.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WYVERN HOTEL**

Mailing Address 101 E RETTA ESPLANADE

City PUNTA GORDA State FL Zip Code 33950

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.117795

Amount of Each Disbursement this Period

95.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WYVERN HOTEL**

Mailing Address 101 E RETTA ESPLANE

City  
**PUNTA GORDA**

State  
**FL**

Zip Code  
**33950**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17796**

Amount of Each Disbursement this Period

95.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WYVERN HOTEL**

Mailing Address 101 E RETTA ESPLANE

City  
**PUNTA GORDA**

State  
**FL**

Zip Code  
**33950**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I17797**

Amount of Each Disbursement this Period

95.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I10452**

Amount of Each Disbursement this Period

27086.19

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

27086.19

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALOFT**

Mailing Address 1001 SW 2ND AVE

City State Zip Code  
MIAMI FL 33130

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19034

Amount of Each Disbursement this Period

-323.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALOFT**

Mailing Address 1001 SW 2ND AVE

City State Zip Code  
MIAMI FL 33130

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19067

Amount of Each Disbursement this Period

242.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City State Zip Code  
SEATTLE WA 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I18984

Amount of Each Disbursement this Period

29.13

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City  
**SEATTLE**

State  
**WA**

Zip Code  
**98109**

Purpose of Disbursement  
**CREDIT-OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19095**

Amount of Each Disbursement this Period

-15.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
**DALLAS**

State  
**TX**

Zip Code  
**75261**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18985**

Amount of Each Disbursement this Period

310.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
**DALLAS**

State  
**TX**

Zip Code  
**75261**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18986**

Amount of Each Disbursement this Period

150.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18987**

Amount of Each Disbursement this Period

198.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18988**

Amount of Each Disbursement this Period

446.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18989**

Amount of Each Disbursement this Period

636.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18990**

Amount of Each Disbursement this Period

309.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18991**

Amount of Each Disbursement this Period

108.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19054**

Amount of Each Disbursement this Period

258.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19063**

Amount of Each Disbursement this Period

274.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19064**

Amount of Each Disbursement this Period

200.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19065**

Amount of Each Disbursement this Period

629.21

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19091**

Amount of Each Disbursement this Period

126.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19092**

Amount of Each Disbursement this Period

349.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18992**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18993**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18994**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18995**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18996**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18997**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18998**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**JEB 2016, INC.**

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I18999**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19000**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19001**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19002**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19003**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19004**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19005**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19068**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19069**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19070**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19071**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19072**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19080**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19081**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19082**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19083**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19096**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT-TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19097**

Amount of Each Disbursement this Period

-30.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19098**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19099**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19100**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4342 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19006

Amount of Each Disbursement this Period

252.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19007

Amount of Each Disbursement this Period

2020.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City  
AVENTURA

State  
FL

Zip Code  
33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19008

Amount of Each Disbursement this Period

594.05

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19009**

Amount of Each Disbursement this Period

498.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19056**

Amount of Each Disbursement this Period

133.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19073**

Amount of Each Disbursement this Period

163.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19075

Amount of Each Disbursement this Period

127.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19076

Amount of Each Disbursement this Period

625.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19077

Amount of Each Disbursement this Period

139.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRIGHT HOUSE NETWORKS**

Mailing Address P.O. BOX 31710

City State Zip Code  
TAMPA FL 33631

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19085

Amount of Each Disbursement this Period

259.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COMCAST**

Mailing Address P.O. BOX 530098

City State Zip Code  
ATLANTA GA 30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19010

Amount of Each Disbursement this Period

208.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CROWNE PLAZA**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19029

Amount of Each Disbursement this Period

135.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19011

Amount of Each Disbursement this Period

1454.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19012

Amount of Each Disbursement this Period

549.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19013

Amount of Each Disbursement this Period

946.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19014

Amount of Each Disbursement this Period

164.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19015

Amount of Each Disbursement this Period

408.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19055

Amount of Each Disbursement this Period

549.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19061

Amount of Each Disbursement this Period

252.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19062

Amount of Each Disbursement this Period

805.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19089

Amount of Each Disbursement this Period

674.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19016**

Amount of Each Disbursement this Period

238.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19017**

Amount of Each Disbursement this Period

164.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19018**

Amount of Each Disbursement this Period

514.79

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19019

Amount of Each Disbursement this Period

226.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19020

Amount of Each Disbursement this Period

92.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19021

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19022

Amount of Each Disbursement this Period

18.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19023

Amount of Each Disbursement this Period

18.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19084

Amount of Each Disbursement this Period

2.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19088**

Amount of Each Disbursement this Period

220.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19094**

Amount of Each Disbursement this Period

179.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19101**

Amount of Each Disbursement this Period

177.46

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19024

Amount of Each Disbursement this Period

61.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19025

Amount of Each Disbursement this Period

62.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19026

Amount of Each Disbursement this Period

82.72

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19027

Amount of Each Disbursement this Period

417.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19028

Amount of Each Disbursement this Period

15.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19057

Amount of Each Disbursement this Period

141.12

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19058

Amount of Each Disbursement this Period

82.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19059

Amount of Each Disbursement this Period

84.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19086

Amount of Each Disbursement this Period

239.52

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19087

Amount of Each Disbursement this Period

19.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GRAND BOHEMIAN HOTEL**

Mailing Address 325 S ORANGE AVE

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19050

Amount of Each Disbursement this Period

208.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GRAND BOHEMIAN HOTEL**

Mailing Address 325 S ORANGE AVE

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19051

Amount of Each Disbursement this Period

208.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GRAND BOHEMIAN HOTEL**

Mailing Address 325 S ORANGE AVE

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19052**

Amount of Each Disbursement this Period

208.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30346**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19030**

Amount of Each Disbursement this Period

129.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30346**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19031**

Amount of Each Disbursement this Period

129.96

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19032

Amount of Each Disbursement this Period

129.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19033

Amount of Each Disbursement this Period

129.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOVER.COM**

Mailing Address 96 MOWAT AVE

City TORONTO State ON Zip Code 99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19074

Amount of Each Disbursement this Period

22.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INFOMAX OFFICE SYSTEMS**

Mailing Address 1010 ILLINOIS ST

City DES MOINES State IA Zip Code 50314

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19035

Amount of Each Disbursement this Period

319.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LEXIS NEXIS**

Mailing Address 6501 PARK OF COMMERCE BLVD #140

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19103

Amount of Each Disbursement this Period

2765.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MCM HOTELS**

Mailing Address 4250 RIDGEMONT DR.

City ABILENE State TX Zip Code 79606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19036

Amount of Each Disbursement this Period

123.05

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICROSOFT**

Mailing Address **ONE MICROSOFT WAY**

City **REDMOND** State **WA** Zip Code **98052**

Purpose of Disbursement  
**COMPUTER EQUIPMENT**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19049**

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address **6929 N LAKEWOOD AVE STE 100**

City **TULSA** State **OK** Zip Code **74117**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19037**

Amount of Each Disbursement this Period

347.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address **6929 N LAKEWOOD AVE STE 100**

City **TULSA** State **OK** Zip Code **74117**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19038**

Amount of Each Disbursement this Period

330.49

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19039

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19053

Amount of Each Disbursement this Period

891.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19102

Amount of Each Disbursement this Period

238.87

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NESTLE PURE LIFE**

Mailing Address P.O. BOX 856680

City  
LOUISVILLE

State  
KY

Zip Code  
40285

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19040**

Amount of Each Disbursement this Period

637.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City  
AMARILLO

State  
TX

Zip Code  
79109

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19041**

Amount of Each Disbursement this Period

-147.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City  
AMARILLO

State  
TX

Zip Code  
79109

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19042**

Amount of Each Disbursement this Period

-221.01

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19066

Amount of Each Disbursement this Period

353.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19090

Amount of Each Disbursement this Period

79.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19043

Amount of Each Disbursement this Period

8.43

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19078**

Amount of Each Disbursement this Period

41.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19079**

Amount of Each Disbursement this Period

8.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19104**

Amount of Each Disbursement this Period

31.79

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19045**

Amount of Each Disbursement this Period

198.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UPS**

Mailing Address 55 GLENLAKE PARKWAY NE

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30328**

Purpose of Disbursement  
**DELIVERY SERVICE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19060**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City  
**TEMPE**

State  
**AZ**

Zip Code  
**85281**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I19046**

Amount of Each Disbursement this Period

265.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19047

Amount of Each Disbursement this Period

406.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19093

Amount of Each Disbursement this Period

258.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERIZON WIRELESS**

Mailing Address 15 FEDERAL ROAD

City State Zip Code  
BROOKFIELD CT 06804

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I19048

Amount of Each Disbursement this Period

525.40

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I10465**

Amount of Each Disbursement this Period

16240.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17824**

Amount of Each Disbursement this Period

50.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17825**

Amount of Each Disbursement this Period

-26.34

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

16240.35

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AT&T**

Mailing Address 208 S AKARD ST

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17826

Amount of Each Disbursement this Period

248.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BCT CENTRAL FLORIDA**

Mailing Address 1150 FLORIDA CENTRAL PKWY

City  
LONGWOOD

State  
FL

Zip Code  
32750

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17843

Amount of Each Disbursement this Period

338.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CENTURY LINK**

Mailing Address P.O. BOX 2961

City  
PHOENIX

State  
AZ

Zip Code  
85062

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17823

Amount of Each Disbursement this Period

147.84

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17828

Amount of Each Disbursement this Period

1284.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17841

Amount of Each Disbursement this Period

4123.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17842

Amount of Each Disbursement this Period

4000.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17845**

Amount of Each Disbursement this Period

300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. IDONATE PRO**

Mailing Address 2033 SAN ELIJO AVE #203

City State Zip Code  
CARDIFF BY THE SEA CA 92007

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17835**

Amount of Each Disbursement this Period

928.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City State Zip Code  
LINCOLN NH 03251

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17851**

Amount of Each Disbursement this Period

-118.81

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17852**

Amount of Each Disbursement this Period

-118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17853**

Amount of Each Disbursement this Period

-118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17854**

Amount of Each Disbursement this Period

-118.81

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17855

Amount of Each Disbursement this Period

-118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17856

Amount of Each Disbursement this Period

-118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17857

Amount of Each Disbursement this Period

-118.81

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17858

Amount of Each Disbursement this Period

-118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INDIAN HEAD RESORT**

Mailing Address 664 US-3

City  
LINCOLN

State  
NH

Zip Code  
03251

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17859

Amount of Each Disbursement this Period

-118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17827

Amount of Each Disbursement this Period

4.18

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17829**

Amount of Each Disbursement this Period

146.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17830**

Amount of Each Disbursement this Period

206.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17831**

Amount of Each Disbursement this Period

206.01

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17832**

Amount of Each Disbursement this Period

206.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17833**

Amount of Each Disbursement this Period

206.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17834**

Amount of Each Disbursement this Period

208.01

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.117860

Amount of Each Disbursement this Period

1068.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NOVATOO INC**

Mailing Address P.O. BOX 88478

City State Zip Code  
CAROL STREAM IL 60188

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.117837

Amount of Each Disbursement this Period

1170.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NV ENERGY**

Mailing Address P.O. BOX 30065

City State Zip Code  
RENO NV 89520

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.117838

Amount of Each Disbursement this Period

72.33

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PITNEY BOWES**

Mailing Address P.O. BOX 371874

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17844**

Amount of Each Disbursement this Period

254.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City  
AMARILLO

State  
TX

Zip Code  
79109

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17840**

Amount of Each Disbursement this Period

-542.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE PRINT HOUSE, INC**

Mailing Address 23014 COMMERCE DR.

City  
FARMINGTON HILLS

State  
MI

Zip Code  
48335

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I17846**

Amount of Each Disbursement this Period

1224.78

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. WESTIN HOTELS

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17847

Amount of Each Disbursement this Period

322.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. WESTIN HOTELS

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17848

Amount of Each Disbursement this Period

322.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. WESTIN HOTELS

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17849

Amount of Each Disbursement this Period

322.79

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I17850

Amount of Each Disbursement this Period

322.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I10466

Amount of Each Disbursement this Period

39363.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ALASKA AIRLINES**

Mailing Address P.O. BOX 68900

City  
SEATTLE

State  
WA

Zip Code  
98168

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19105

Amount of Each Disbursement this Period

389.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

39363.86

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19231

Amount of Each Disbursement this Period

27.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19232

Amount of Each Disbursement this Period

11.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19106

Amount of Each Disbursement this Period

-439.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19107

Amount of Each Disbursement this Period

1177.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19108

Amount of Each Disbursement this Period

279.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19109

Amount of Each Disbursement this Period

388.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19110**

Amount of Each Disbursement this Period

825.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19111**

Amount of Each Disbursement this Period

295.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19112**

Amount of Each Disbursement this Period

608.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19113**

Amount of Each Disbursement this Period

729.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19114**

Amount of Each Disbursement this Period

363.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19115**

Amount of Each Disbursement this Period

783.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19116**

Amount of Each Disbursement this Period

565.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19117**

Amount of Each Disbursement this Period

133.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19118**

Amount of Each Disbursement this Period

370.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19119**

Amount of Each Disbursement this Period

341.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19120**

Amount of Each Disbursement this Period

306.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19121**

Amount of Each Disbursement this Period

98.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19122**

Amount of Each Disbursement this Period

516.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19123**

Amount of Each Disbursement this Period

718.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19233**

Amount of Each Disbursement this Period

366.33

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19234**

Amount of Each Disbursement this Period

281.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19235**

Amount of Each Disbursement this Period

113.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19236**

Amount of Each Disbursement this Period

305.75

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19237**

Amount of Each Disbursement this Period

439.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19238**

Amount of Each Disbursement this Period

439.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19239**

Amount of Each Disbursement this Period

313.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19240

Amount of Each Disbursement this Period

188.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

### B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19241

Amount of Each Disbursement this Period

408.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

### C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19242

Amount of Each Disbursement this Period

313.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19243**

Amount of Each Disbursement this Period

408.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19244**

Amount of Each Disbursement this Period

275.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19245**

Amount of Each Disbursement this Period

-98.10

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19246**

Amount of Each Disbursement this Period

336.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19247**

Amount of Each Disbursement this Period

141.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19248**

Amount of Each Disbursement this Period

633.71

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19249**

Amount of Each Disbursement this Period

385.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19124**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19125**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19126**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19127**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19128**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
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**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19129**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

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**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19130**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
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State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19131**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19132

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. AMERICAN EXPRESS

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City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19133

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19134

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19135**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19136**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19137**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19138**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

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State  
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Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19139**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19140**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19141**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19142**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19143**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19144**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19145**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19146**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19147**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19148**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19149**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19150**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19151**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19152**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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City  
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Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19153**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19154**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19155**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19156**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19157**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19158**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**JEB 2016, INC.**

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
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State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19159**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19160**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19161**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19162**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19163**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19164**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19250**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19251**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19252**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19253**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19254**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19255**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19256**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19257**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19258**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19259**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19260**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19261**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4410 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19262**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19263**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19264**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4411 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

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City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19265**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19266**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19267**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19268**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19269**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19270**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19271**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19272**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19273**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19274**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19275**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19276**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19277**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19278**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19279**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19280**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19281**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19282**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19283**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19284**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19285**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19286**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19287**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19288**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19289**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19290**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19291**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ATLANTIS CASINO RESORT**

Mailing Address 3800 S VIRGINIA ST

City RENO State NV Zip Code 89502

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19314

Amount of Each Disbursement this Period

-92.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ATLANTIS CASINO RESORT**

Mailing Address 3800 S VIRGINIA ST

City RENO State NV Zip Code 89502

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19315

Amount of Each Disbursement this Period

185.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ATLANTIS CASINO RESORT**

Mailing Address 3800 S VIRGINIA ST

City RENO State NV Zip Code 89502

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19317

Amount of Each Disbursement this Period

185.24

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ATLANTIS CASINO RESORT**

Mailing Address 3800 S VIRGINIA ST

City RENO State NV Zip Code 89502

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19329**

Amount of Each Disbursement this Period

92.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19292**

Amount of Each Disbursement this Period

571.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19293**

Amount of Each Disbursement this Period

252.70

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19294**

Amount of Each Disbursement this Period

949.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19295**

Amount of Each Disbursement this Period

315.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19200**

Amount of Each Disbursement this Period

250.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19313

Amount of Each Disbursement this Period

201.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CONSOLIDATED COMMUNICATIONS**

Mailing Address P.O. BOX 3248

City MANKATO State MN Zip Code 56002

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19296

Amount of Each Disbursement this Period

862.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CROWNE PLAZA**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19316

Amount of Each Disbursement this Period

916.76

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DCE PRODUCTIONS**

Mailing Address 5415 W SLIGH STE 102

City State Zip Code  
TAMPA FL 33634

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19298

Amount of Each Disbursement this Period

746.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19165

Amount of Each Disbursement this Period

-674.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19166

Amount of Each Disbursement this Period

69.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19167

Amount of Each Disbursement this Period

296.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19168

Amount of Each Disbursement this Period

305.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19169

Amount of Each Disbursement this Period

468.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19170**

Amount of Each Disbursement this Period

486.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19171**

Amount of Each Disbursement this Period

263.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19172**

Amount of Each Disbursement this Period

238.52

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19173**

Amount of Each Disbursement this Period

566.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19174**

Amount of Each Disbursement this Period

264.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19175**

Amount of Each Disbursement this Period

286.22

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19176

Amount of Each Disbursement this Period

510.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19177

Amount of Each Disbursement this Period

160.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19178

Amount of Each Disbursement this Period

264.66

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19179**

Amount of Each Disbursement this Period

553.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19180**

Amount of Each Disbursement this Period

523.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19299**

Amount of Each Disbursement this Period

945.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19300**

Amount of Each Disbursement this Period

368.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19301**

Amount of Each Disbursement this Period

254.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19302**

Amount of Each Disbursement this Period

136.60

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19303**

Amount of Each Disbursement this Period

319.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19304**

Amount of Each Disbursement this Period

286.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19305**

Amount of Each Disbursement this Period

114.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19306**

Amount of Each Disbursement this Period

165.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19307**

Amount of Each Disbursement this Period

262.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19308**

Amount of Each Disbursement this Period

-286.22

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19309**

Amount of Each Disbursement this Period

741.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19201**

Amount of Each Disbursement this Period

169.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19181**

Amount of Each Disbursement this Period

3.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19182

Amount of Each Disbursement this Period

2.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19183

Amount of Each Disbursement this Period

1.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19184

Amount of Each Disbursement this Period

167.77

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19185

Amount of Each Disbursement this Period

63.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19186

Amount of Each Disbursement this Period

335.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19187

Amount of Each Disbursement this Period

61.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19188**

Amount of Each Disbursement this Period

39.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19189**

Amount of Each Disbursement this Period

290.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19190**

Amount of Each Disbursement this Period

23.76

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19310**

Amount of Each Disbursement this Period

325.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19311**

Amount of Each Disbursement this Period

3.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19312**

Amount of Each Disbursement this Period

174.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GRAND BOHEMIAN HOTEL**

Mailing Address 325 S ORANGE AVE

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

Purpose of Disbursement  
**CREDIT-LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19191**

Amount of Each Disbursement this Period

-208.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GRAND BOHEMIAN HOTEL**

Mailing Address 325 S ORANGE AVE

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

Purpose of Disbursement  
**CREDIT-LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19192**

Amount of Each Disbursement this Period

-208.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GRAND BOHEMIAN HOTEL**

Mailing Address 325 S ORANGE AVE

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

Purpose of Disbursement  
**CREDIT-LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19193**

Amount of Each Disbursement this Period

-208.88

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GRAND BOHEMIAN HOTEL**

Mailing Address 325 S ORANGE AVE

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19194**

Amount of Each Disbursement this Period

208.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GRAND BOHEMIAN HOTEL**

Mailing Address 325 S ORANGE AVE

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19195**

Amount of Each Disbursement this Period

208.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State  
**VA**

Zip Code  
**22102**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19202**

Amount of Each Disbursement this Period

207.75

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19203

Amount of Each Disbursement this Period

351.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19196

Amount of Each Disbursement this Period

484.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19197

Amount of Each Disbursement this Period

484.31

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4441 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19198

Amount of Each Disbursement this Period

484.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19229

Amount of Each Disbursement this Period

415.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19199

Amount of Each Disbursement this Period

165.79

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19204

Amount of Each Disbursement this Period

438.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19318

Amount of Each Disbursement this Period

293.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19319

Amount of Each Disbursement this Period

304.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19230**

Amount of Each Disbursement this Period

401.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City State Zip Code  
TULSA OK 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19205**

Amount of Each Disbursement this Period

88.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City State Zip Code  
TULSA OK 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19206**

Amount of Each Disbursement this Period

242.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19207

Amount of Each Disbursement this Period

64.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19208

Amount of Each Disbursement this Period

5.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PREMIERE GLOBAL SERVICE**

Mailing Address 3280 PEACHTREE RD NE STE 1000

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19209

Amount of Each Disbursement this Period

155.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19210**

Amount of Each Disbursement this Period

182.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19211**

Amount of Each Disbursement this Period

219.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19212**

Amount of Each Disbursement this Period

238.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19213

Amount of Each Disbursement this Period

-250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19214

Amount of Each Disbursement this Period

238.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19215

Amount of Each Disbursement this Period

219.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19216

Amount of Each Disbursement this Period

219.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19217

Amount of Each Disbursement this Period

219.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19320

Amount of Each Disbursement this Period

335.96

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19321

Amount of Each Disbursement this Period

439.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19322

Amount of Each Disbursement this Period

335.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19218

Amount of Each Disbursement this Period

140.27

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19219

Amount of Each Disbursement this Period

54.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19323

Amount of Each Disbursement this Period

3.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19324

Amount of Each Disbursement this Period

1.40

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19325**

Amount of Each Disbursement this Period

1.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19220**

Amount of Each Disbursement this Period

203.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19221**

Amount of Each Disbursement this Period

294.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19222**

Amount of Each Disbursement this Period

176.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19223**

Amount of Each Disbursement this Period

309.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19224**

Amount of Each Disbursement this Period

220.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19225**

Amount of Each Disbursement this Period

220.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19226**

Amount of Each Disbursement this Period

176.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19227**

Amount of Each Disbursement this Period

256.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19228

Amount of Each Disbursement this Period

-309.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19326

Amount of Each Disbursement this Period

266.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I19327

Amount of Each Disbursement this Period

557.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19328**

Amount of Each Disbursement this Period

373.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALL STREET JOURNAL**

Mailing Address 200 LIBERTY ST

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10281**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I19297**

Amount of Each Disbursement this Period

28.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I10506**

Amount of Each Disbursement this Period

34482.51

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

34482.51

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17862**

Amount of Each Disbursement this Period

464.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17863**

Amount of Each Disbursement this Period

593.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17864**

Amount of Each Disbursement this Period

627.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.117865**

Amount of Each Disbursement this Period

25.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.117866**

Amount of Each Disbursement this Period

498.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.117867**

Amount of Each Disbursement this Period

20.09

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
CREDIT-EQUIPMENT PURCHASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117874

Amount of Each Disbursement this Period

-460.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CT CORPORATION**

Mailing Address P.O. BOX 4349

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
LICENSE FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117875

Amount of Each Disbursement this Period

681.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117876

Amount of Each Disbursement this Period

465.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117877

Amount of Each Disbursement this Period

161.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117878

Amount of Each Disbursement this Period

49.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117879

Amount of Each Disbursement this Period

795.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17924**

Amount of Each Disbursement this Period

158.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DROPBOX**

Mailing Address 185 BERRY ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17880**

Amount of Each Disbursement this Period

3150.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ECS VIDEO SYSTEMS INC**

Mailing Address 50 HUNT ST

City  
WATERTOWN

State  
MA

Zip Code  
02472

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17927**

Amount of Each Disbursement this Period

700.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17925**

Amount of Each Disbursement this Period

332.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17881**

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17882**

Amount of Each Disbursement this Period

189.28

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17883

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17884

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17885

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17886

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17887

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17888

Amount of Each Disbursement this Period

194.23

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.117889

Amount of Each Disbursement this Period

195.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.117890

Amount of Each Disbursement this Period

208.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.117891

Amount of Each Disbursement this Period

198.27

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17892**

Amount of Each Disbursement this Period

189.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17912**

Amount of Each Disbursement this Period

259.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17914**

Amount of Each Disbursement this Period

169.46

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17916

Amount of Each Disbursement this Period

264.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17917

Amount of Each Disbursement this Period

259.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17918

Amount of Each Disbursement this Period

259.86

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17919**

Amount of Each Disbursement this Period

264.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17920**

Amount of Each Disbursement this Period

259.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17921**

Amount of Each Disbursement this Period

259.86

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
CREDIT-FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17909**

Amount of Each Disbursement this Period

-1226.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17913**

Amount of Each Disbursement this Period

3090.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17893**

Amount of Each Disbursement this Period

202.27

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. HYATT HOTELS

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117894

Amount of Each Disbursement this Period

202.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

### B. HYATT HOTELS

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117895

Amount of Each Disbursement this Period

25.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

### C. IDONATE PRO

Mailing Address 2033 SAN ELIJO AVE #203

City  
CARDIFF BY THE SEA

State  
CA

Zip Code  
92007

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117896

Amount of Each Disbursement this Period

184.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.117897**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.117898**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.117899**

Amount of Each Disbursement this Period

522.97

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17900**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17901**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17902**

Amount of Each Disbursement this Period

323.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17903**

Amount of Each Disbursement this Period

323.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17907**

Amount of Each Disbursement this Period

22.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I17908**

Amount of Each Disbursement this Period

30.23

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LEVY RESTAURANTS**

Mailing Address 980 N MICHIGAN AVE

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60611**

Purpose of Disbursement  
**CATERING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.117861**

Amount of Each Disbursement this Period

287.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
**BETHESDA**

State  
**MD**

Zip Code  
**20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.117868**

Amount of Each Disbursement this Period

202.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
**BETHESDA**

State  
**MD**

Zip Code  
**20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.117869**

Amount of Each Disbursement this Period

202.27

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17870**

Amount of Each Disbursement this Period

202.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17871**

Amount of Each Disbursement this Period

202.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17872**

Amount of Each Disbursement this Period

202.27

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17873**

Amount of Each Disbursement this Period

202.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17915**

Amount of Each Disbursement this Period

457.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MJ VALET**

Mailing Address 1425 K ST, NW #350

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17923**

Amount of Each Disbursement this Period

2195.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PENINSULA PARKING**

Mailing Address 541 TAYLOR WAY STE 12

City  
**SAN CARLOS**

State  
**CA**

Zip Code  
**94070**

Purpose of Disbursement  
**PARKING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17922**

Amount of Each Disbursement this Period

680.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PREMIERE GLOBAL SERVICE**

Mailing Address 3280 PEACHTREE RD NE STE 1000

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30305**

Purpose of Disbursement  
**PHONE SERVICE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17904**

Amount of Each Disbursement this Period

164.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City  
**AMARILLO**

State  
**TX**

Zip Code  
**79109**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I17905**

Amount of Each Disbursement this Period

467.96

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17906

Amount of Each Disbursement this Period

219.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17926

Amount of Each Disbursement this Period

421.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City State Zip Code  
STAMFORD CT 06902

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I17910

Amount of Each Disbursement this Period

10642.15

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WOLFEBORO INN**

Mailing Address 90 N MAIN ST

City  
WOLFEBORO

State  
NH

Zip Code  
03894

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117928

Amount of Each Disbursement this Period

131.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WOLFEBORO INN**

Mailing Address 90 N MAIN ST

City  
WOLFEBORO

State  
NH

Zip Code  
03894

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117929

Amount of Each Disbursement this Period

131.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WOLFEBORO INN**

Mailing Address 90 N MAIN ST

City  
WOLFEBORO

State  
NH

Zip Code  
03894

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.117930

Amount of Each Disbursement this Period

131.71

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. WYNDHAM HOTEL GROUPS

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
EQUIPMENT RENTAL/FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I17911

Amount of Each Disbursement this Period

853.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

### B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I10507

Amount of Each Disbursement this Period

30469.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

### C. AMAZON

Mailing Address 410 TERRY AVE N

City  
SEATTLE

State  
WA

Zip Code  
98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19434

Amount of Each Disbursement this Period

30.94

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

30469.50

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19435

Amount of Each Disbursement this Period

84.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19436

Amount of Each Disbursement this Period

91.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19330

Amount of Each Disbursement this Period

391.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19331**

Amount of Each Disbursement this Period

221.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19332**

Amount of Each Disbursement this Period

944.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19333**

Amount of Each Disbursement this Period

370.40

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19334**

Amount of Each Disbursement this Period

155.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19335**

Amount of Each Disbursement this Period

220.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19336**

Amount of Each Disbursement this Period

279.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19337**

Amount of Each Disbursement this Period

754.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19338**

Amount of Each Disbursement this Period

203.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19339**

Amount of Each Disbursement this Period

258.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19340**

Amount of Each Disbursement this Period

416.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19341**

Amount of Each Disbursement this Period

133.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19342**

Amount of Each Disbursement this Period

412.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19432

Amount of Each Disbursement this Period

251.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19437

Amount of Each Disbursement this Period

557.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19438

Amount of Each Disbursement this Period

585.59

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19439**

Amount of Each Disbursement this Period

486.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19440**

Amount of Each Disbursement this Period

161.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19441**

Amount of Each Disbursement this Period

146.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19343**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19344**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19345**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19346**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19347**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19348**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19349**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19350**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19351**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19352**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19353**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19354**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19355**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19356**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19357**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19358**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19359**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19360**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19361**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19362**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19363**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19364**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19365**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19366**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19367**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19368**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19369**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19370**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19371**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19372**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19373**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19374**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19375**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19382**

Amount of Each Disbursement this Period

90.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19442**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19443**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19444**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19445**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19446**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19447**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19448**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19449**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19450**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19451**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19452**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19453**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19454**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19455**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4502 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19456**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19457**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19458**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4503 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19459**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19460**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19461**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4504 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19462**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19376**

Amount of Each Disbursement this Period

2037.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19377**

Amount of Each Disbursement this Period

864.69

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4505 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19378**

Amount of Each Disbursement this Period

163.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19379**

Amount of Each Disbursement this Period

450.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19463**

Amount of Each Disbursement this Period

219.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4506 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19464**

Amount of Each Disbursement this Period

450.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19465**

Amount of Each Disbursement this Period

455.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19466**

Amount of Each Disbursement this Period

455.40

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4507 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19467**

Amount of Each Disbursement this Period

247.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19407**

Amount of Each Disbursement this Period

199.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19468**

Amount of Each Disbursement this Period

94.75

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 4508 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAREY INTERNATIONAL**

Mailing Address 4530 WISCONSIN AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19469

Amount of Each Disbursement this Period

166.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City  
PHOENIX

State  
AZ

Zip Code  
85054

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19380

Amount of Each Disbursement this Period

84.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COMCAST**

Mailing Address P.O. BOX 530098

City  
ATLANTA

State  
GA

Zip Code  
30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19381

Amount of Each Disbursement this Period

33.78

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COMCAST**

Mailing Address P.O. BOX 530098

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19470

Amount of Each Disbursement this Period

434.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19383

Amount of Each Disbursement this Period

402.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19384

Amount of Each Disbursement this Period

386.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19385

Amount of Each Disbursement this Period

161.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19386

Amount of Each Disbursement this Period

292.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19387

Amount of Each Disbursement this Period

166.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4511 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19388

Amount of Each Disbursement this Period

393.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19389

Amount of Each Disbursement this Period

367.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19390

Amount of Each Disbursement this Period

577.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4512 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19391

Amount of Each Disbursement this Period

577.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19392

Amount of Each Disbursement this Period

794.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19393

Amount of Each Disbursement this Period

804.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19428

Amount of Each Disbursement this Period

560.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19429

Amount of Each Disbursement this Period

543.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19430

Amount of Each Disbursement this Period

372.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4514 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19433

Amount of Each Disbursement this Period

-794.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19471

Amount of Each Disbursement this Period

431.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19472

Amount of Each Disbursement this Period

155.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19473**

Amount of Each Disbursement this Period

483.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19474**

Amount of Each Disbursement this Period

400.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19475**

Amount of Each Disbursement this Period

306.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19476

Amount of Each Disbursement this Period

-155.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19477

Amount of Each Disbursement this Period

-400.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19410

Amount of Each Disbursement this Period

142.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19394**

Amount of Each Disbursement this Period

14.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19395**

Amount of Each Disbursement this Period

432.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19396**

Amount of Each Disbursement this Period

87.90

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19397

Amount of Each Disbursement this Period

161.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19398

Amount of Each Disbursement this Period

219.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19399

Amount of Each Disbursement this Period

365.54

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19400**

Amount of Each Disbursement this Period

271.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19478**

Amount of Each Disbursement this Period

163.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19401**

Amount of Each Disbursement this Period

84.51

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19402**

Amount of Each Disbursement this Period

61.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19403**

Amount of Each Disbursement this Period

283.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19427**

Amount of Each Disbursement this Period

32.53

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19479**

Amount of Each Disbursement this Period

5.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19480**

Amount of Each Disbursement this Period

254.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19481**

Amount of Each Disbursement this Period

73.71

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City  
**DENVER**

State  
**CO**

Zip Code  
**80249**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19482**

Amount of Each Disbursement this Period

108.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State  
**VA**

Zip Code  
**22102**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19408**

Amount of Each Disbursement this Period

378.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State  
**VA**

Zip Code  
**22102**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19483**

Amount of Each Disbursement this Period

293.04

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I19486

Amount of Each Disbursement this Period

317.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I19487

Amount of Each Disbursement this Period

228.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I19488

Amount of Each Disbursement this Period

183.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19489

Amount of Each Disbursement this Period

228.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19490

Amount of Each Disbursement this Period

183.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19484

Amount of Each Disbursement this Period

243.48

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 4525 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19411

Amount of Each Disbursement this Period

63.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19412

Amount of Each Disbursement this Period

62.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19413

Amount of Each Disbursement this Period

202.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 4526 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19414**

Amount of Each Disbursement this Period

69.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19415**

Amount of Each Disbursement this Period

18.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19431**

Amount of Each Disbursement this Period

4.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19491

Amount of Each Disbursement this Period

7.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19492

Amount of Each Disbursement this Period

117.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19493

Amount of Each Disbursement this Period

68.97

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
TERRACE

State  
FL

Zip Code  
33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19494**

Amount of Each Disbursement this Period

117.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
TERRACE

State  
FL

Zip Code  
33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19495**

Amount of Each Disbursement this Period

68.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
TERRACE

State  
FL

Zip Code  
33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19496**

Amount of Each Disbursement this Period

68.97

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHRED-IT**

Mailing Address 10800 NW 92ND

City  
**TERRACE**

State  
**FL**

Zip Code  
**33178**

Purpose of Disbursement  
**SHREDDING SERVICE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19497**

Amount of Each Disbursement this Period

117.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City  
**AMARILLO**

State  
**TX**

Zip Code  
**79109**

Purpose of Disbursement  
**CREDIT-AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19416**

Amount of Each Disbursement this Period

-219.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City  
**AMARILLO**

State  
**TX**

Zip Code  
**79109**

Purpose of Disbursement  
**CREDIT-AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19417**

Amount of Each Disbursement this Period

-219.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I19418

Amount of Each Disbursement this Period

354.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I19419

Amount of Each Disbursement this Period

435.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SPIRIT AIRLINES**

Mailing Address 2800 EXECUTIVE WAY

City State Zip Code  
MIRAMAR FL 33025

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SB23.I19420

Amount of Each Disbursement this Period

212.09

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
CREDIT-OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19421

Amount of Each Disbursement this Period

-41.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE BUCCANEER**

Mailing Address 5007 ESTATE SHOYS

City  
CHRISTIANSTED

State  
VI

Zip Code  
99999

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19485

Amount of Each Disbursement this Period

355.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE FOUNDERS INN**

Mailing Address 5641 INDIAN RIVER RD

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23464

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19404

Amount of Each Disbursement this Period

119.56

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE FOUNDERS INN**

Mailing Address 5641 INDIAN RIVER RD

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19405

Amount of Each Disbursement this Period

110.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE FOUNDERS INN**

Mailing Address 5641 INDIAN RIVER RD

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19406

Amount of Each Disbursement this Period

119.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I19422

Amount of Each Disbursement this Period

157.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19423**

Amount of Each Disbursement this Period

515.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19424**

Amount of Each Disbursement this Period

548.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19425**

Amount of Each Disbursement this Period

322.85

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19498**

Amount of Each Disbursement this Period

466.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City  
**TEMPE**

State  
**AZ**

Zip Code  
**85281**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19426**

Amount of Each Disbursement this Period

204.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I19499**

Amount of Each Disbursement this Period

34.58

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 4535 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10534**

Amount of Each Disbursement this Period

57930.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17937**

Amount of Each Disbursement this Period

198.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17938**

Amount of Each Disbursement this Period

68.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

57930.40

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 4536 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17939**

Amount of Each Disbursement this Period

148.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17940**

Amount of Each Disbursement this Period

68.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17941**

Amount of Each Disbursement this Period

267.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17942**

Amount of Each Disbursement this Period

145.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17943**

Amount of Each Disbursement this Period

525.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17944**

Amount of Each Disbursement this Period

602.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.117970**

Amount of Each Disbursement this Period

2003.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.117971**

Amount of Each Disbursement this Period

67.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.117946**

Amount of Each Disbursement this Period

170.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 4539 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17947**

Amount of Each Disbursement this Period

134.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17948**

Amount of Each Disbursement this Period

29.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17949**

Amount of Each Disbursement this Period

220.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4540 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.117950

Amount of Each Disbursement this Period

1175.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.117972

Amount of Each Disbursement this Period

1175.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City  
TAMPA

State  
FL

Zip Code  
33609

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.117973

Amount of Each Disbursement this Period

328.73

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17989

Amount of Each Disbursement this Period

100.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City DENVER State CO Zip Code 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17951

Amount of Each Disbursement this Period

175.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17994

Amount of Each Disbursement this Period

143.19

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17995**

Amount of Each Disbursement this Period

143.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17996**

Amount of Each Disbursement this Period

143.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17997**

Amount of Each Disbursement this Period

120.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17998

Amount of Each Disbursement this Period

143.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17999

Amount of Each Disbursement this Period

143.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I18000

Amount of Each Disbursement this Period

143.19

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I18001**

Amount of Each Disbursement this Period

120.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I18002**

Amount of Each Disbursement this Period

143.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I18003**

Amount of Each Disbursement this Period

143.19

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17952

Amount of Each Disbursement this Period

348.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17953

Amount of Each Disbursement this Period

27.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17954

Amount of Each Disbursement this Period

276.51

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 4546 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17955

Amount of Each Disbursement this Period

222.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17956

Amount of Each Disbursement this Period

222.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17957

Amount of Each Disbursement this Period

222.36

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17958**

Amount of Each Disbursement this Period

222.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17959**

Amount of Each Disbursement this Period

222.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17960**

Amount of Each Disbursement this Period

222.36

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 4548 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17961

Amount of Each Disbursement this Period

17634.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17993

Amount of Each Disbursement this Period

119.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IDONATE PRO**

Mailing Address 2033 SAN ELIJO AVE #203

City State Zip Code  
CARDIFF BY THE SEA CA 92007

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I17974

Amount of Each Disbursement this Period

16900.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4549 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17962**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17963**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17964**

Amount of Each Disbursement this Period

60.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4550 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.117965

Amount of Each Disbursement this Period

676.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KELMSCOTT COMMUNICATIONS**

Mailing Address 1665 MALLETTE RD

City State Zip Code  
AURORA IL 60505

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.117934

Amount of Each Disbursement this Period

2187.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.117931

Amount of Each Disbursement this Period

152.90

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17932**

Amount of Each Disbursement this Period

152.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17933**

Amount of Each Disbursement this Period

152.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17945**

Amount of Each Disbursement this Period

3104.04

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MEDIACOM**

Mailing Address 1 MEDIACOM WAY

City State Zip Code  
MEDIACOM PARK NY 10918

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17935**

Amount of Each Disbursement this Period

89.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City State Zip Code  
NORTH CONWAY NH 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17975**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City State Zip Code  
NORTH CONWAY NH 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17976**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17977**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17978**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17979**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 4554 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17980**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17981**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17982**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 4555 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17983**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17984**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17985**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.117986**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.117987**

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PANERA BREAD**

Mailing Address 10061 W FLAGLER ST

City MIAMI State FL Zip Code 33174

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.117988**

Amount of Each Disbursement this Period

89.67

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE CHICAGO CLUB**

Mailing Address 81 E VAN BUREN ST

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60605**

Purpose of Disbursement  
**FACILITY RENTAL/CATERING**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17991**

Amount of Each Disbursement this Period

3449.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17992**

Amount of Each Disbursement this Period

200.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WOLFEBORO INN**

Mailing Address 90 N MAIN ST

City  
**WOLFEBORO**

State  
**NH**

Zip Code  
**03894**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I17968**

Amount of Each Disbursement this Period

131.71

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WOLFEBORO INN**

Mailing Address 90 N MAIN ST

City  
WOLFEBORO

State  
NH

Zip Code  
03894

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.117969

Amount of Each Disbursement this Period

131.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.110535

Amount of Each Disbursement this Period

125849.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City  
SEATTLE

State  
WA

Zip Code  
98109

Purpose of Disbursement  
DATA STORAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.119624

Amount of Each Disbursement this Period

7553.39

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

125849.71

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19500**

Amount of Each Disbursement this Period

111.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19501**

Amount of Each Disbursement this Period

262.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19502**

Amount of Each Disbursement this Period

222.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 4560 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19503**

Amount of Each Disbursement this Period

98.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19504**

Amount of Each Disbursement this Period

295.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19505**

Amount of Each Disbursement this Period

401.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19506**

Amount of Each Disbursement this Period

171.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19526**

Amount of Each Disbursement this Period

148.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19527**

Amount of Each Disbursement this Period

217.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19528**

Amount of Each Disbursement this Period

213.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19529**

Amount of Each Disbursement this Period

-222.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19530**

Amount of Each Disbursement this Period

343.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19531**

Amount of Each Disbursement this Period

585.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19532**

Amount of Each Disbursement this Period

274.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19533**

Amount of Each Disbursement this Period

305.75

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19534**

Amount of Each Disbursement this Period

266.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19535**

Amount of Each Disbursement this Period

788.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19536**

Amount of Each Disbursement this Period

172.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19537**

Amount of Each Disbursement this Period

243.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19538**

Amount of Each Disbursement this Period

405.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19585**

Amount of Each Disbursement this Period

229.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19586**

Amount of Each Disbursement this Period

156.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19587**

Amount of Each Disbursement this Period

461.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19588**

Amount of Each Disbursement this Period

149.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19589**

Amount of Each Disbursement this Period

600.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19590**

Amount of Each Disbursement this Period

203.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19591**

Amount of Each Disbursement this Period

-788.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19625**

Amount of Each Disbursement this Period

466.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19626**

Amount of Each Disbursement this Period

497.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19627**

Amount of Each Disbursement this Period

492.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19628**

Amount of Each Disbursement this Period

211.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19507**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19508**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19509**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19510**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19511**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19512**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19513**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19514**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19539**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19540**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19541**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19542**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19543**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19544**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19545**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19546**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19547**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19548**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19592**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19593**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19594**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19595**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19596**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19597**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19598**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19599**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19600**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19601**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19602**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19603**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19604**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19605**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19606**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19607**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19608**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19629**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19630**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19631**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19632**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19633**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19634**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19549**

Amount of Each Disbursement this Period

139.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19550**

Amount of Each Disbursement this Period

242.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19551**

Amount of Each Disbursement this Period

622.43

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19609

Amount of Each Disbursement this Period

1097.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19635

Amount of Each Disbursement this Period

133.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19610

Amount of Each Disbursement this Period

78.51

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAREY INTERNATIONAL**

Mailing Address 4530 WISCONSIN AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19515

Amount of Each Disbursement this Period

166.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAREY INTERNATIONAL**

Mailing Address 4530 WISCONSIN AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19516

Amount of Each Disbursement this Period

135.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAREY INTERNATIONAL**

Mailing Address 4530 WISCONSIN AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19552

Amount of Each Disbursement this Period

135.71

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CENTURY LINK**

Mailing Address P.O. BOX 2961

City  
**PHOENIX**

State  
**AZ**

Zip Code  
**85062**

Purpose of Disbursement  
**UTILITIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19636**

Amount of Each Disbursement this Period

193.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COMCAST**

Mailing Address P.O. BOX 530098

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30353**

Purpose of Disbursement  
**UTILITIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19611**

Amount of Each Disbursement this Period

346.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30320**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19517**

Amount of Each Disbursement this Period

166.66

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19553**

Amount of Each Disbursement this Period

163.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19554**

Amount of Each Disbursement this Period

277.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19638**

Amount of Each Disbursement this Period

531.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19518**

Amount of Each Disbursement this Period

4.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19519**

Amount of Each Disbursement this Period

22.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19555**

Amount of Each Disbursement this Period

6.83

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19556**

Amount of Each Disbursement this Period

517.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19557**

Amount of Each Disbursement this Period

112.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19558**

Amount of Each Disbursement this Period

209.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19559**

Amount of Each Disbursement this Period

185.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19560**

Amount of Each Disbursement this Period

229.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19561**

Amount of Each Disbursement this Period

14.75

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19562**

Amount of Each Disbursement this Period

59.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19563**

Amount of Each Disbursement this Period

55.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19612**

Amount of Each Disbursement this Period

4.83

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19613**

Amount of Each Disbursement this Period

132.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19614**

Amount of Each Disbursement this Period

180.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19615**

Amount of Each Disbursement this Period

130.98

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19616**

Amount of Each Disbursement this Period

105.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19639**

Amount of Each Disbursement this Period

208.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19640**

Amount of Each Disbursement this Period

228.91

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19641

Amount of Each Disbursement this Period

1.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19617

Amount of Each Disbursement this Period

515.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19520

Amount of Each Disbursement this Period

46.63

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19564**

Amount of Each Disbursement this Period

65.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19565**

Amount of Each Disbursement this Period

508.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19566**

Amount of Each Disbursement this Period

32.96

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19567

Amount of Each Disbursement this Period

15.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19568

Amount of Each Disbursement this Period

7.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19618

Amount of Each Disbursement this Period

89.67

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19642

Amount of Each Disbursement this Period

8.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19643

Amount of Each Disbursement this Period

293.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19645

Amount of Each Disbursement this Period

132.09

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FACILITY RENTAL/CATERING/LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19569**

Amount of Each Disbursement this Period

62782.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19570**

Amount of Each Disbursement this Period

232.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19619**

Amount of Each Disbursement this Period

106.22

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOVER.COM**

Mailing Address 96 MOWAT AVE

City  
TORONTO

State  
ON

Zip Code  
99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19621

Amount of Each Disbursement this Period

118.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOVER.COM**

Mailing Address 96 MOWAT AVE

City  
TORONTO

State  
ON

Zip Code  
99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19622

Amount of Each Disbursement this Period

52.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INFOMAX OFFICE SYSTEMS**

Mailing Address 1010 ILLINOIS ST

City  
DES MOINES

State  
IA

Zip Code  
50314

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19623

Amount of Each Disbursement this Period

366.45

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTEGRATED SECURITY SYSTEMS**

Mailing Address 1876 NW 7 ST

City State Zip Code  
MIAMI FL 33125

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19644**

Amount of Each Disbursement this Period

30852.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19572**

Amount of Each Disbursement this Period

288.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19573**

Amount of Each Disbursement this Period

506.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19574

Amount of Each Disbursement this Period

508.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19637

Amount of Each Disbursement this Period

165.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MODE AV**

Mailing Address 3199 AIRPORT LOOP DR. STE A-1

City COSTA MESA State CA Zip Code 92626

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19571

Amount of Each Disbursement this Period

750.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19576

Amount of Each Disbursement this Period

58.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19577

Amount of Each Disbursement this Period

162.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19578

Amount of Each Disbursement this Period

259.34

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19579

Amount of Each Disbursement this Period

152.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19580

Amount of Each Disbursement this Period

130.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19581

Amount of Each Disbursement this Period

1.78

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19620**

Amount of Each Disbursement this Period

127.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19646**

Amount of Each Disbursement this Period

254.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19647**

Amount of Each Disbursement this Period

129.54

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NESTLE PURE LIFE**

Mailing Address P.O. BOX 856680

City LOUISVILLE State KY Zip Code 40285

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19648**

Amount of Each Disbursement this Period

349.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19523**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19582**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SILVER LEGACY RESORT**

Mailing Address 407 N VIRGINIA ST

City RENO State NV Zip Code 89501

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19521

Amount of Each Disbursement this Period

176.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SILVER LEGACY RESORT**

Mailing Address 407 N VIRGINIA ST

City RENO State NV Zip Code 89501

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19522

Amount of Each Disbursement this Period

176.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19524

Amount of Each Disbursement this Period

219.98

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19525

Amount of Each Disbursement this Period

270.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19583

Amount of Each Disbursement this Period

439.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19649

Amount of Each Disbursement this Period

81.98

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19650

Amount of Each Disbursement this Period

81.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19651

Amount of Each Disbursement this Period

101.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I19652

Amount of Each Disbursement this Period

30.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19653**

Amount of Each Disbursement this Period

25.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19654**

Amount of Each Disbursement this Period

30.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19655**

Amount of Each Disbursement this Period

10.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19656**

Amount of Each Disbursement this Period

5.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19657**

Amount of Each Disbursement this Period

30.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VERIZON WIRELESS**

Mailing Address 15 FEDERAL ROAD

City  
BROOKFIELD

State  
CT

Zip Code  
06804

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19658**

Amount of Each Disbursement this Period

810.35

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WYVERN HOTEL**

Mailing Address 101 E RETTA ESPLANADE

City PUNTA GORDA State FL Zip Code 33950

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I19584**

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I10579**

Amount of Each Disbursement this Period

11962.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18004**

Amount of Each Disbursement this Period

281.60

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

11962.52

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18005**

Amount of Each Disbursement this Period

281.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18047**

Amount of Each Disbursement this Period

141.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18054**

Amount of Each Disbursement this Period

47.89

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City  
PHOENIX

State  
AZ

Zip Code  
85016

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18006

Amount of Each Disbursement this Period

746.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City  
CORAL GABLES

State  
FL

Zip Code  
33134

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18007

Amount of Each Disbursement this Period

322.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City  
PHOENIX

State  
AZ

Zip Code  
85054

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18039

Amount of Each Disbursement this Period

1358.14

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COMCAST**

Mailing Address P.O. BOX 530098

City  
ATLANTA

State  
GA

Zip Code  
30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18046

Amount of Each Disbursement this Period

322.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18043

Amount of Each Disbursement this Period

141.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18044

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18045**

Amount of Each Disbursement this Period

349.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18049**

Amount of Each Disbursement this Period

239.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18042**

Amount of Each Disbursement this Period

1001.62

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GRANO FOODS**

Mailing Address 1132 JOHNSTON ST

City  
PHILADELPHIA

State  
PA

Zip Code  
19148

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18048

Amount of Each Disbursement this Period

662.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18010

Amount of Each Disbursement this Period

202.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18011

Amount of Each Disbursement this Period

196.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18012**

Amount of Each Disbursement this Period

196.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18013**

Amount of Each Disbursement this Period

196.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18014**

Amount of Each Disbursement this Period

196.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18015

Amount of Each Disbursement this Period

196.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18016

Amount of Each Disbursement this Period

196.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18017

Amount of Each Disbursement this Period

196.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18018**

Amount of Each Disbursement this Period

196.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18019**

Amount of Each Disbursement this Period

196.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18020**

Amount of Each Disbursement this Period

196.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4620 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18021**

Amount of Each Disbursement this Period

196.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. IDONATE PRO**

Mailing Address 2033 SAN ELIJO AVE #203

City State Zip Code  
CARDIFF BY THE SEA CA 92007

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18050**

Amount of Each Disbursement this Period

102.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18028**

Amount of Each Disbursement this Period

244.12

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18029

Amount of Each Disbursement this Period

244.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18030

Amount of Each Disbursement this Period

366.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18024

Amount of Each Disbursement this Period

590.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18009**

Amount of Each Disbursement this Period

179.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City State Zip Code  
NORTH CONWAY NH 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18025**

Amount of Each Disbursement this Period

19.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RENAISSANCE HOTEL**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I18026**

Amount of Each Disbursement this Period

351.37

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RENAISSANCE HOTEL**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18027

Amount of Each Disbursement this Period

333.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STUB HUB**

Mailing Address 199 FREMONT ST. FLOOR 4

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18031

Amount of Each Disbursement this Period

1170.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City State Zip Code  
STAMFORD CT 06902

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18033

Amount of Each Disbursement this Period

-583.29

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18034

Amount of Each Disbursement this Period

-178.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WHITNEY PEAK HOTEL**

Mailing Address 255 N VIRGINIA ST

City  
RENO

State  
NV

Zip Code  
89501

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18035

Amount of Each Disbursement this Period

-146.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WHITNEY PEAK HOTEL**

Mailing Address 255 N VIRGINIA ST

City  
RENO

State  
NV

Zip Code  
89501

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18036

Amount of Each Disbursement this Period

379.87

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WHITNEY PEAK HOTEL**

Mailing Address 255 N VIRGINIA ST

City RENO State NV Zip Code 89501

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18037

Amount of Each Disbursement this Period

261.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WHITNEY PEAK HOTEL**

Mailing Address 255 N VIRGINIA ST

City RENO State NV Zip Code 89501

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18038

Amount of Each Disbursement this Period

11.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WOLFEBORO INN**

Mailing Address 90 N MAIN ST

City WOLFEBORO State NH Zip Code 03894

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18051

Amount of Each Disbursement this Period

-131.71

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WOLFEBORO INN**

Mailing Address 90 N MAIN ST

City WOLFEBORO State NH Zip Code 03894

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18052

Amount of Each Disbursement this Period

-131.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WOLFEBORO INN**

Mailing Address 90 N MAIN ST

City WOLFEBORO State NH Zip Code 03894

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I18053

Amount of Each Disbursement this Period

-131.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10580

Amount of Each Disbursement this Period

48232.06

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

48232.06

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19659

Amount of Each Disbursement this Period

210.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19660

Amount of Each Disbursement this Period

375.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19661

Amount of Each Disbursement this Period

206.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19662

Amount of Each Disbursement this Period

475.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19663

Amount of Each Disbursement this Period

258.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19664

Amount of Each Disbursement this Period

299.29

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19665

Amount of Each Disbursement this Period

90.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19666

Amount of Each Disbursement this Period

-9.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19667

Amount of Each Disbursement this Period

149.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19668**

Amount of Each Disbursement this Period

208.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19669**

Amount of Each Disbursement this Period

465.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19670**

Amount of Each Disbursement this Period

213.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19671**

Amount of Each Disbursement this Period

141.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19672**

Amount of Each Disbursement this Period

274.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19673**

Amount of Each Disbursement this Period

141.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19674**

Amount of Each Disbursement this Period

216.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19675**

Amount of Each Disbursement this Period

187.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19676**

Amount of Each Disbursement this Period

368.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19677**

Amount of Each Disbursement this Period

78.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19678**

Amount of Each Disbursement this Period

-213.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19758**

Amount of Each Disbursement this Period

864.70

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19759**

Amount of Each Disbursement this Period

227.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19765**

Amount of Each Disbursement this Period

133.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19766**

Amount of Each Disbursement this Period

931.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19767**

Amount of Each Disbursement this Period

931.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19768**

Amount of Each Disbursement this Period

312.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19769**

Amount of Each Disbursement this Period

1100.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19770**

Amount of Each Disbursement this Period

410.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19771**

Amount of Each Disbursement this Period

568.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19772**

Amount of Each Disbursement this Period

88.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19773

Amount of Each Disbursement this Period

88.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19815

Amount of Each Disbursement this Period

63.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19816

Amount of Each Disbursement this Period

281.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19817**

Amount of Each Disbursement this Period

403.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19818**

Amount of Each Disbursement this Period

537.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19819**

Amount of Each Disbursement this Period

63.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19820**

Amount of Each Disbursement this Period

246.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19821**

Amount of Each Disbursement this Period

413.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19822**

Amount of Each Disbursement this Period

978.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19679**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19680**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19681**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19682**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19683**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19684**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19685**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19686**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19687**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19688**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19689**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19690**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19691**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19692**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19693**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19694**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19695**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19696**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19697**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19698**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19699**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19700**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19701**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19702**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19703**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19704**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19705**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19706**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19707**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19708**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19709**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19774**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19775**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

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## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19776**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19777**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19778**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19779**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19780**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19781**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19782**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19783**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19784**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19785**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19823**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19824**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19825**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19786**

Amount of Each Disbursement this Period

2193.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ATLANTIS CASINO RESORT**

Mailing Address 3800 S VIRGINIA ST

City RENO State NV Zip Code 89502

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19793**

Amount of Each Disbursement this Period

65.98

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19787**

Amount of Each Disbursement this Period

221.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19788**

Amount of Each Disbursement this Period

280.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19789**

Amount of Each Disbursement this Period

139.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City PHOENIX State AZ Zip Code 85054

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19740**

Amount of Each Disbursement this Period

82.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COMCAST**

Mailing Address P.O. BOX 530098

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19790**

Amount of Each Disbursement this Period

208.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19710**

Amount of Each Disbursement this Period

178.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19711

Amount of Each Disbursement this Period

203.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19712

Amount of Each Disbursement this Period

549.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19713

Amount of Each Disbursement this Period

305.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19714**

Amount of Each Disbursement this Period

549.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19715**

Amount of Each Disbursement this Period

734.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19716**

Amount of Each Disbursement this Period

549.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19717**

Amount of Each Disbursement this Period

410.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19718**

Amount of Each Disbursement this Period

367.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19719**

Amount of Each Disbursement this Period

549.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19720

Amount of Each Disbursement this Period

-549.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19791

Amount of Each Disbursement this Period

502.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19792

Amount of Each Disbursement this Period

278.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19826**

Amount of Each Disbursement this Period

349.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19827**

Amount of Each Disbursement this Period

239.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19828**

Amount of Each Disbursement this Period

351.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19721

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19722

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19723

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19763**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19794**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19795**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19796

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19797

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19798

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19799**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19800**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
CREDIT-TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19801**

Amount of Each Disbursement this Period

-30.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 4667 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19802

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19803

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19804

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19805**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19806**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19831**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19832

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19833

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19834

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19835

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19836

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19837

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19838

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19839

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19840

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 4672 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19841**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19842**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19843**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19724

Amount of Each Disbursement this Period

6.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19725

Amount of Each Disbursement this Period

9.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19726

Amount of Each Disbursement this Period

388.53

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19727**

Amount of Each Disbursement this Period

205.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19728**

Amount of Each Disbursement this Period

662.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19760**

Amount of Each Disbursement this Period

170.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19764**

Amount of Each Disbursement this Period

7.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19807**

Amount of Each Disbursement this Period

116.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19844**

Amount of Each Disbursement this Period

7.55

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19845**

Amount of Each Disbursement this Period

192.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19846**

Amount of Each Disbursement this Period

38.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19729**

Amount of Each Disbursement this Period

-368.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19730

Amount of Each Disbursement this Period

11.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19731

Amount of Each Disbursement this Period

104.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19732

Amount of Each Disbursement this Period

84.15

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19808**

Amount of Each Disbursement this Period

318.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19809**

Amount of Each Disbursement this Period

105.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19810**

Amount of Each Disbursement this Period

41.48

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19847**

Amount of Each Disbursement this Period

90.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19848**

Amount of Each Disbursement this Period

110.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19733**

Amount of Each Disbursement this Period

97.01

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19734

Amount of Each Disbursement this Period

97.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19735

Amount of Each Disbursement this Period

97.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19757

Amount of Each Disbursement this Period

389.76

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19736**

Amount of Each Disbursement this Period

10771.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19737**

Amount of Each Disbursement this Period

253.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19738**

Amount of Each Disbursement this Period

744.85

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19741

Amount of Each Disbursement this Period

238.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KIRKLEY HOTEL**

Mailing Address 2900 CANDLERS MOUNTAIN RD

City State Zip Code  
LYNCHBURG VA 24502

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19761

Amount of Each Disbursement this Period

422.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LEXIS NEXIS**

Mailing Address 6501 PARK OF COMMERCE BLVD #140

City State Zip Code  
BOCA RATON FL 33487

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19811

Amount of Each Disbursement this Period

3004.44

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19739

Amount of Each Disbursement this Period

358.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19830

Amount of Each Disbursement this Period

258.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City State Zip Code  
TULSA OK 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19742

Amount of Each Disbursement this Period

539.13

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19743

Amount of Each Disbursement this Period

259.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19744

Amount of Each Disbursement this Period

345.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19812

Amount of Each Disbursement this Period

5.35

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19813**

Amount of Each Disbursement this Period

1.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19745**

Amount of Each Disbursement this Period

129.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19849**

Amount of Each Disbursement this Period

117.46

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19850

Amount of Each Disbursement this Period

68.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19851

Amount of Each Disbursement this Period

68.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19746

Amount of Each Disbursement this Period

379.98

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19747

Amount of Each Disbursement this Period

455.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19814

Amount of Each Disbursement this Period

471.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19852

Amount of Each Disbursement this Period

228.98

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19853

Amount of Each Disbursement this Period

457.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19854

Amount of Each Disbursement this Period

291.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19748

Amount of Each Disbursement this Period

19.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19762

Amount of Each Disbursement this Period

56.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19749

Amount of Each Disbursement this Period

747.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I19750

Amount of Each Disbursement this Period

208.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19751**

Amount of Each Disbursement this Period

379.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19752**

Amount of Each Disbursement this Period

177.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20260**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19855**

Amount of Each Disbursement this Period

5.05

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VENETIAN HOTEL**

Mailing Address 3355 LAS VEGAS BLVD S

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19753**

Amount of Each Disbursement this Period

382.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VENETIAN HOTEL**

Mailing Address 3355 LAS VEGAS BLVD S

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19754**

Amount of Each Disbursement this Period

382.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VENETIAN HOTEL**

Mailing Address 3355 LAS VEGAS BLVD S

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19755**

Amount of Each Disbursement this Period

382.03

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WHITNEY PEAK HOTEL**

Mailing Address 255 N VIRGINIA ST

City State Zip Code  
**RENO NV 89501**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I19756**

Amount of Each Disbursement this Period

116.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City State Zip Code  
**DALLAS TX 75265**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I10620**

Amount of Each Disbursement this Period

23659.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
**DALLAS TX 75261**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18056**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

23659.73

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18074**

Amount of Each Disbursement this Period

1633.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18075**

Amount of Each Disbursement this Period

1633.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City TAMPA State FL Zip Code 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18059**

Amount of Each Disbursement this Period

1465.89

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18076

Amount of Each Disbursement this Period

215.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18077

Amount of Each Disbursement this Period

215.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18078

Amount of Each Disbursement this Period

215.46

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18079**

Amount of Each Disbursement this Period

234.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. IDONATE PRO**

Mailing Address 2033 SAN ELIJO AVE #203

City State Zip Code  
CARDIFF BY THE SEA CA 92007

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18080**

Amount of Each Disbursement this Period

37.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING/FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18055**

Amount of Each Disbursement this Period

7462.73

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18061

Amount of Each Disbursement this Period

854.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18062

Amount of Each Disbursement this Period

854.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18063

Amount of Each Disbursement this Period

854.42

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18068

Amount of Each Disbursement this Period

-225.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18081

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18082

Amount of Each Disbursement this Period

258.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18083

Amount of Each Disbursement this Period

288.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18084

Amount of Each Disbursement this Period

18.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18058

Amount of Each Disbursement this Period

467.57

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18065

Amount of Each Disbursement this Period

95.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING/FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18067

Amount of Each Disbursement this Period

2916.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MILL FALLS**

Mailing Address 312 DANIEL WEBSTER HWY

City  
MEREDITH

State  
NH

Zip Code  
03253

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18069

Amount of Each Disbursement this Period

2728.73

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ROSEN SHINGLE CREEK**

Mailing Address 9939 UNIVERSAL BLVD

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32819**

Purpose of Disbursement  
**FACILITY RENTAL/CATERING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18060**

Amount of Each Disbursement this Period

1162.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20260**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18064**

Amount of Each Disbursement this Period

60.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20260**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18070**

Amount of Each Disbursement this Period

10.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18071

Amount of Each Disbursement this Period

5.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18072

Amount of Each Disbursement this Period

5.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I18073

Amount of Each Disbursement this Period

10.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WHITNEY PEAK HOTEL**

Mailing Address 255 N VIRGINIA ST

City State Zip Code  
**RENO NV 89501**

Purpose of Disbursement  
**CREDIT-LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I18066**

Amount of Each Disbursement this Period

-33.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City State Zip Code  
**DALLAS TX 75265**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I10621**

Amount of Each Disbursement this Period

21282.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City State Zip Code  
**SEATTLE WA 98109**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19857**

Amount of Each Disbursement this Period

50.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

21282.53

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19858

Amount of Each Disbursement this Period

119.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19859

Amount of Each Disbursement this Period

195.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19860

Amount of Each Disbursement this Period

154.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19861**

Amount of Each Disbursement this Period

128.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19862**

Amount of Each Disbursement this Period

203.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19863**

Amount of Each Disbursement this Period

128.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19864**

Amount of Each Disbursement this Period

520.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19865**

Amount of Each Disbursement this Period

250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19866**

Amount of Each Disbursement this Period

200.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19867**

Amount of Each Disbursement this Period

81.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19868**

Amount of Each Disbursement this Period

178.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19869**

Amount of Each Disbursement this Period

-255.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19926**

Amount of Each Disbursement this Period

428.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19927**

Amount of Each Disbursement this Period

140.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19934**

Amount of Each Disbursement this Period

316.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19935

Amount of Each Disbursement this Period

153.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19936

Amount of Each Disbursement this Period

91.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19937

Amount of Each Disbursement this Period

395.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19938**

Amount of Each Disbursement this Period

401.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19939**

Amount of Each Disbursement this Period

136.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19940**

Amount of Each Disbursement this Period

133.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19941**

Amount of Each Disbursement this Period

133.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19942**

Amount of Each Disbursement this Period

722.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19943**

Amount of Each Disbursement this Period

466.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19970**

Amount of Each Disbursement this Period

42.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19971**

Amount of Each Disbursement this Period

233.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19972**

Amount of Each Disbursement this Period

466.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19973**

Amount of Each Disbursement this Period

198.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19974**

Amount of Each Disbursement this Period

204.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19975**

Amount of Each Disbursement this Period

153.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19976**

Amount of Each Disbursement this Period

282.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19977**

Amount of Each Disbursement this Period

250.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19870**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19871**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19872**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19873**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19978**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20008**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20009**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20010**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20011**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20012**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20013**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20014**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19979**

Amount of Each Disbursement this Period

1405.81

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19874**

Amount of Each Disbursement this Period

150.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19875**

Amount of Each Disbursement this Period

163.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19928**

Amount of Each Disbursement this Period

260.45

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRIGHT HOUSE NETWORKS**

Mailing Address P.O. BOX 31710

City State Zip Code  
TAMPA FL 33631

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19876

Amount of Each Disbursement this Period

431.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19878

Amount of Each Disbursement this Period

481.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19879

Amount of Each Disbursement this Period

310.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19880**

Amount of Each Disbursement this Period

55.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19944**

Amount of Each Disbursement this Period

531.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19945**

Amount of Each Disbursement this Period

1244.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19946

Amount of Each Disbursement this Period

-481.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19980

Amount of Each Disbursement this Period

239.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19981

Amount of Each Disbursement this Period

915.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19982**

Amount of Each Disbursement this Period

325.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City  
BELLEVUE

State  
WA

Zip Code  
98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19881**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City  
BELLEVUE

State  
WA

Zip Code  
98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19882**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19883

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19884

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19885

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19886

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19887

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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Purpose of Disbursement  
TRAVEL

Candidate Name

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Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19888

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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TRAVEL

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Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19889

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
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☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19890

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

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City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19891

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19892

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
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Purpose of Disbursement  
TRAVEL

Candidate Name

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Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19893

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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City State Zip Code  
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Purpose of Disbursement  
TRAVEL

Candidate Name

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☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19930

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
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☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19931

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
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☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19932

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19948

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19949

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19950

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19951

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19952

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19953

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19954

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Mailing Address 333 108TH AVE NE

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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19955

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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TRAVEL

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Disbursement For: 2016

☒ Primary ☐ General  
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State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19956

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19957

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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TRAVEL

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Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19958

Amount of Each Disbursement this Period

6.00

☒ Memo Item

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Disbursement For: 2016

☒ Primary ☐ General  
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State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19959

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19984

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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TRAVEL

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☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19985

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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TRAVEL

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☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19986

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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TRAVEL

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☐ President

Disbursement For: 2016

☒ Primary ☐ General  
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State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19987

Amount of Each Disbursement this Period

6.00

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0.00

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# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19988

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19989

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19990

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19991

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19992

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19993

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19994

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19995

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19996

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4736 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19997

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19998

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19933

Amount of Each Disbursement this Period

253.14

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19894**

Amount of Each Disbursement this Period

9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19895**

Amount of Each Disbursement this Period

15.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19896**

Amount of Each Disbursement this Period

326.16

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19897**

Amount of Each Disbursement this Period

339.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19898**

Amount of Each Disbursement this Period

190.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19899**

Amount of Each Disbursement this Period

266.88

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19900**

Amount of Each Disbursement this Period

217.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19901**

Amount of Each Disbursement this Period

702.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19902**

Amount of Each Disbursement this Period

149.82

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19903

Amount of Each Disbursement this Period

111.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19904

Amount of Each Disbursement this Period

18.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19905

Amount of Each Disbursement this Period

147.46

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19960**

Amount of Each Disbursement this Period

8.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19961**

Amount of Each Disbursement this Period

5.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19962**

Amount of Each Disbursement this Period

3.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19963**

Amount of Each Disbursement this Period

346.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19999**

Amount of Each Disbursement this Period

175.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19906**

Amount of Each Disbursement this Period

104.87

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19907**

Amount of Each Disbursement this Period

151.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19964**

Amount of Each Disbursement this Period

115.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19965**

Amount of Each Disbursement this Period

43.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I20000

Amount of Each Disbursement this Period

193.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I20001

Amount of Each Disbursement this Period

49.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City DENVER State CO Zip Code 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I20002

Amount of Each Disbursement this Period

177.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City  
**DENVER**

State  
**CO**

Zip Code  
**80249**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20003**

Amount of Each Disbursement this Period

59.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City  
**DENVER**

State  
**CO**

Zip Code  
**80249**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20004**

Amount of Each Disbursement this Period

177.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30346**

Purpose of Disbursement  
**CREDIT-LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19908**

Amount of Each Disbursement this Period

-129.96

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. HOVER.COM**

Mailing Address 96 MOWAT AVE

City TORONTO State ON Zip Code 99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19922

Amount of Each Disbursement this Period

26.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOVER.COM**

Mailing Address 96 MOWAT AVE

City TORONTO State ON Zip Code 99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19923

Amount of Each Disbursement this Period

40.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOVER.COM**

Mailing Address 96 MOWAT AVE

City TORONTO State ON Zip Code 99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19924

Amount of Each Disbursement this Period

40.12

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOVER.COM**

Mailing Address 96 MOWAT AVE

City TORONTO State ON Zip Code 99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19925**

Amount of Each Disbursement this Period

13.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19909**

Amount of Each Disbursement this Period

465.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19910**

Amount of Each Disbursement this Period

488.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KIRKLEY HOTEL**

Mailing Address 2900 CANDLERS MOUNTAIN RD

City LYNCHBURG State VA Zip Code 24502

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I20005**

Amount of Each Disbursement this Period

-309.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19877**

Amount of Each Disbursement this Period

163.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19947**

Amount of Each Disbursement this Period

122.08

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19983**

Amount of Each Disbursement this Period

369.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City State Zip Code  
TULSA OK 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19911**

Amount of Each Disbursement this Period

289.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City State Zip Code  
TULSA OK 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19912**

Amount of Each Disbursement this Period

258.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19913

Amount of Each Disbursement this Period

95.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19914

Amount of Each Disbursement this Period

16.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19915

Amount of Each Disbursement this Period

5.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19916

Amount of Each Disbursement this Period

2.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19966

Amount of Each Disbursement this Period

12.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19967

Amount of Each Disbursement this Period

7.25

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I20006

Amount of Each Disbursement this Period

95.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19917

Amount of Each Disbursement this Period

291.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19918

Amount of Each Disbursement this Period

64.48

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19919**

Amount of Each Disbursement this Period

7.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19968**

Amount of Each Disbursement this Period

10.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I19969**

Amount of Each Disbursement this Period

276.27

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4754 / 5419

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE FOUNDERS INN**

Mailing Address 5641 INDIAN RIVER RD

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19929

Amount of Each Disbursement this Period

85.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19920

Amount of Each Disbursement this Period

104.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I20007

Amount of Each Disbursement this Period

180.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I19921

Amount of Each Disbursement this Period

5.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I10626

Amount of Each Disbursement this Period

12605.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I18085

Amount of Each Disbursement this Period

75.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

12605.84

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18087**

Amount of Each Disbursement this Period

248.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BLUE WATER TECHNOLOGIES**

Mailing Address 4245 44TH ST SE STE 1

City GRAND RAPIDS State MI Zip Code 49512

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18088**

Amount of Each Disbursement this Period

400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City PHOENIX State AZ Zip Code 85054

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18097**

Amount of Each Disbursement this Period

291.03

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DROPBOX**

Mailing Address 185 BERRY ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I18101

Amount of Each Disbursement this Period

2460.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FLIK INTERNATIONAL**

Mailing Address 475 RIVERSIDE DR. STE 253B

City  
NEW YORK

State  
NY

Zip Code  
10115

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I18102

Amount of Each Disbursement this Period

976.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I18103

Amount of Each Disbursement this Period

403.92

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18104**

Amount of Each Disbursement this Period

2952.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18105**

Amount of Each Disbursement this Period

854.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City State Zip Code  
ATLANTA GA 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18106**

Amount of Each Disbursement this Period

854.42

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18107**

Amount of Each Disbursement this Period

854.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18089**

Amount of Each Disbursement this Period

1.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18090**

Amount of Each Disbursement this Period

254.82

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18091**

Amount of Each Disbursement this Period

191.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18092**

Amount of Each Disbursement this Period

201.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18093**

Amount of Each Disbursement this Period

192.94

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18094**

Amount of Each Disbursement this Period

1.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18095**

Amount of Each Disbursement this Period

211.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I18096**

Amount of Each Disbursement this Period

192.94

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I18098

Amount of Each Disbursement this Period

300.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I18099

Amount of Each Disbursement this Period

304.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I18100

Amount of Each Disbursement this Period

300.71

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I10627**

Amount of Each Disbursement this Period

21145.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20015**

Amount of Each Disbursement this Period

75.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20016**

Amount of Each Disbursement this Period

340.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

21145.86

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20017**

Amount of Each Disbursement this Period

425.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20018**

Amount of Each Disbursement this Period

133.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20019**

Amount of Each Disbursement this Period

472.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20020**

Amount of Each Disbursement this Period

188.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20021**

Amount of Each Disbursement this Period

422.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20022**

Amount of Each Disbursement this Period

422.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20023**

Amount of Each Disbursement this Period

154.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20024**

Amount of Each Disbursement this Period

213.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20025**

Amount of Each Disbursement this Period

452.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20026**

Amount of Each Disbursement this Period

208.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20027**

Amount of Each Disbursement this Period

670.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20028**

Amount of Each Disbursement this Period

524.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20029**

Amount of Each Disbursement this Period

170.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20030**

Amount of Each Disbursement this Period

625.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20031**

Amount of Each Disbursement this Period

1121.21

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20032

Amount of Each Disbursement this Period

137.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20033

Amount of Each Disbursement this Period

155.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20034

Amount of Each Disbursement this Period

566.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20035**

Amount of Each Disbursement this Period

133.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20036**

Amount of Each Disbursement this Period

594.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20037**

Amount of Each Disbursement this Period

236.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20038

Amount of Each Disbursement this Period

324.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COMCAST**

Mailing Address P.O. BOX 530098

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20039

Amount of Each Disbursement this Period

33.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20041

Amount of Each Disbursement this Period

192.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20042

Amount of Each Disbursement this Period

237.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20043

Amount of Each Disbursement this Period

457.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20044

Amount of Each Disbursement this Period

247.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20045

Amount of Each Disbursement this Period

200.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20046

Amount of Each Disbursement this Period

202.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20047

Amount of Each Disbursement this Period

158.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20048

Amount of Each Disbursement this Period

190.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20049

Amount of Each Disbursement this Period

239.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20050

Amount of Each Disbursement this Period

482.60

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20051

Amount of Each Disbursement this Period

482.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20052

Amount of Each Disbursement this Period

194.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20053

Amount of Each Disbursement this Period

248.97

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20059

Amount of Each Disbursement this Period

126.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20065

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20066

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20067

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20068

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20069

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20070

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20071

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20072

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20073

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20074

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20075

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20076

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20077

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20078

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20079

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20080

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20081

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20082**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20083**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20084**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20085

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20086

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20087

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20088

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20089

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20090

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20091

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20092

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20093

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20094

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20095

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20096

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20097

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20098

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City State Zip Code  
ST. LOUIS MO 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20099

Amount of Each Disbursement this Period

1.29

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20100**

Amount of Each Disbursement this Period

5.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20101**

Amount of Each Disbursement this Period

126.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20102**

Amount of Each Disbursement this Period

176.16

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20103**

Amount of Each Disbursement this Period

397.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20104**

Amount of Each Disbursement this Period

223.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20105**

Amount of Each Disbursement this Period

63.17

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20106

Amount of Each Disbursement this Period

52.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20107

Amount of Each Disbursement this Period

62.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20108

Amount of Each Disbursement this Period

56.93

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20058

Amount of Each Disbursement this Period

69.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FAIRFIELD INN & SUITES**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20109

Amount of Each Disbursement this Period

257.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FAIRFIELD INN & SUITES**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20110

Amount of Each Disbursement this Period

385.56

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20111

Amount of Each Disbursement this Period

66.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20112

Amount of Each Disbursement this Period

330.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20113

Amount of Each Disbursement this Period

170.51

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20114

Amount of Each Disbursement this Period

84.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20115

Amount of Each Disbursement this Period

90.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20116

Amount of Each Disbursement this Period

102.72

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20117

Amount of Each Disbursement this Period

204.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20063

Amount of Each Disbursement this Period

132.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20064

Amount of Each Disbursement this Period

138.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOVER.COM**

Mailing Address 96 MOWAT AVE

City  
TORONTO

State  
ON

Zip Code  
99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20141

Amount of Each Disbursement this Period

80.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20056

Amount of Each Disbursement this Period

160.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20057

Amount of Each Disbursement this Period

160.90

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20118

Amount of Each Disbursement this Period

174.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MCM HOTELS**

Mailing Address 4250 RIDGEMONT DR.

City State Zip Code  
ABILENE TX 79606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20060

Amount of Each Disbursement this Period

159.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City State Zip Code  
TULSA OK 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20124

Amount of Each Disbursement this Period

474.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20125

Amount of Each Disbursement this Period

176.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20126

Amount of Each Disbursement this Period

1184.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20127

Amount of Each Disbursement this Period

235.52

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20128**

Amount of Each Disbursement this Period

29.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RIDGWAY BAR & GRILL**

Mailing Address 1300 3RD ST S #101

City NAPLES State FL Zip Code 34102

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20130**

Amount of Each Disbursement this Period

325.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20131**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20132

Amount of Each Disbursement this Period

117.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20133

Amount of Each Disbursement this Period

68.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20134

Amount of Each Disbursement this Period

381.46

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20135

Amount of Each Disbursement this Period

108.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20136

Amount of Each Disbursement this Period

62.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I20137

Amount of Each Disbursement this Period

7.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20138**

Amount of Each Disbursement this Period

180.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20139**

Amount of Each Disbursement this Period

280.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20140**

Amount of Each Disbursement this Period

88.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALL STREET JOURNAL**

Mailing Address 200 LIBERTY ST

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10281**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20040**

Amount of Each Disbursement this Period

28.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
**STAMFORD**

State  
**CT**

Zip Code  
**06902**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20061**

Amount of Each Disbursement this Period

192.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WHITNEY PEAK HOTEL**

Mailing Address 255 N VIRGINIA ST

City  
**RENO**

State  
**NV**

Zip Code  
**89501**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20054**

Amount of Each Disbursement this Period

126.76

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WHITNEY PEAK HOTEL**

Mailing Address 255 N VIRGINIA ST

City RENO State NV Zip Code 89501

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I20055**

Amount of Each Disbursement this Period

126.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I10667**

Amount of Each Disbursement this Period

24943.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18108**

Amount of Each Disbursement this Period

254.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

24943.94

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18109**

Amount of Each Disbursement this Period

200.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18110**

Amount of Each Disbursement this Period

39.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18111**

Amount of Each Disbursement this Period

60.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I18112

Amount of Each Disbursement this Period

160.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I18113

Amount of Each Disbursement this Period

160.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I18114

Amount of Each Disbursement this Period

160.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18115**

Amount of Each Disbursement this Period

160.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18116**

Amount of Each Disbursement this Period

184.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18118**

Amount of Each Disbursement this Period

300.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18119**

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18120**

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18121**

Amount of Each Disbursement this Period

133.28

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18122**

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18123**

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18124**

Amount of Each Disbursement this Period

110.88

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18137**

Amount of Each Disbursement this Period

110.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18138**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IDONATE PRO**

Mailing Address 2033 SAN ELIJO AVE #203

City  
CARDIFF BY THE SEA

State  
CA

Zip Code  
92007

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18136**

Amount of Each Disbursement this Period

17120.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 4810 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18128**

Amount of Each Disbursement this Period

732.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18129**

Amount of Each Disbursement this Period

732.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18130**

Amount of Each Disbursement this Period

854.42

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 4811 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I18131

Amount of Each Disbursement this Period

854.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I18132

Amount of Each Disbursement this Period

854.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I18135

Amount of Each Disbursement this Period

1963.06

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18126**

Amount of Each Disbursement this Period

24.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STUB HUB**

Mailing Address 199 FREMONT ST. FLOOR 4

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94105**

Purpose of Disbursement  
**CREDIT-EVENT TICKET**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18133**

Amount of Each Disbursement this Period

-1170.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20260**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I18134**

Amount of Each Disbursement this Period

15.80

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
**DALLAS**

State  
**TX**

Zip Code  
**75265**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I10668**

Amount of Each Disbursement this Period

31054.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALASKA AIRLINES**

Mailing Address P.O. BOX 68900

City  
**SEATTLE**

State  
**WA**

Zip Code  
**98168**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20142**

Amount of Each Disbursement this Period

404.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
**DALLAS**

State  
**TX**

Zip Code  
**75261**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20143**

Amount of Each Disbursement this Period

138.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

31054.96

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20144

Amount of Each Disbursement this Period

54.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20145

Amount of Each Disbursement this Period

684.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20146

Amount of Each Disbursement this Period

326.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20147

Amount of Each Disbursement this Period

1813.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20148

Amount of Each Disbursement this Period

629.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20149

Amount of Each Disbursement this Period

971.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20150**

Amount of Each Disbursement this Period

183.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20151**

Amount of Each Disbursement this Period

244.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20152**

Amount of Each Disbursement this Period

203.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20153**

Amount of Each Disbursement this Period

108.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20154**

Amount of Each Disbursement this Period

91.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20155**

Amount of Each Disbursement this Period

128.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20156**

Amount of Each Disbursement this Period

292.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20157**

Amount of Each Disbursement this Period

151.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20158**

Amount of Each Disbursement this Period

483.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20159**

Amount of Each Disbursement this Period

158.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20262**

Amount of Each Disbursement this Period

141.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20263**

Amount of Each Disbursement this Period

282.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20264**

Amount of Each Disbursement this Period

310.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20265**

Amount of Each Disbursement this Period

151.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20266**

Amount of Each Disbursement this Period

233.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20267**

Amount of Each Disbursement this Period

229.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20268**

Amount of Each Disbursement this Period

339.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20269**

Amount of Each Disbursement this Period

336.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20270**

Amount of Each Disbursement this Period

331.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20160**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20271**

Amount of Each Disbursement this Period

9.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20161

Amount of Each Disbursement this Period

278.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20162

Amount of Each Disbursement this Period

218.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City PHOENIX State AZ Zip Code 85054

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20184

Amount of Each Disbursement this Period

296.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COMCAST**

Mailing Address P.O. BOX 530098

City  
ATLANTA

State  
GA

Zip Code  
30353

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20272

Amount of Each Disbursement this Period

434.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CWT PRODUCTIONS INC**

Mailing Address 443 PARK AVE S STE #600

City  
NEW YORK

State  
NY

Zip Code  
10016

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20163

Amount of Each Disbursement this Period

691.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20164

Amount of Each Disbursement this Period

364.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20165

Amount of Each Disbursement this Period

622.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20166

Amount of Each Disbursement this Period

339.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20167

Amount of Each Disbursement this Period

339.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20168

Amount of Each Disbursement this Period

339.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20169

Amount of Each Disbursement this Period

339.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20170

Amount of Each Disbursement this Period

168.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20171

Amount of Each Disbursement this Period

140.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20172

Amount of Each Disbursement this Period

166.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20173

Amount of Each Disbursement this Period

239.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20174**

Amount of Each Disbursement this Period

239.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20175**

Amount of Each Disbursement this Period

202.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20176**

Amount of Each Disbursement this Period

537.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20177

Amount of Each Disbursement this Period

622.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20178

Amount of Each Disbursement this Period

422.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20179

Amount of Each Disbursement this Period

622.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20180**

Amount of Each Disbursement this Period

374.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20181**

Amount of Each Disbursement this Period

-622.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20182**

Amount of Each Disbursement this Period

1097.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20273**

Amount of Each Disbursement this Period

1175.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20274**

Amount of Each Disbursement this Period

339.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City  
BELLEVUE

State  
WA

Zip Code  
98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20188**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4832 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20189

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20190

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20191

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20192

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20193

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20194

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20195

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20196

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20197

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20198

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20199

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20200

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20201

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20202

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20203

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20204

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20205

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20206

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20207

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20208

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20209

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20210

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20211

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20212

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20213

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20214

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20215

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20216

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20217

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20218

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20219

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20220

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20221

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20222

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20223

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20224

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20225**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20226**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20227**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20228

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20229

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20230

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20231

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20232

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20233

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20234

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20235

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20280

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20281**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20282**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20283**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20284

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20285

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20286

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20287

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20288

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20289

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20290**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20291**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20292**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20236**

Amount of Each Disbursement this Period

10.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20237**

Amount of Each Disbursement this Period

333.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20238**

Amount of Each Disbursement this Period

400.17

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20239**

Amount of Each Disbursement this Period

478.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20240**

Amount of Each Disbursement this Period

372.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20241**

Amount of Each Disbursement this Period

84.36

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20242

Amount of Each Disbursement this Period

48.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20243

Amount of Each Disbursement this Period

101.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20244

Amount of Each Disbursement this Period

157.40

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20245

Amount of Each Disbursement this Period

52.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20246

Amount of Each Disbursement this Period

141.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20247

Amount of Each Disbursement this Period

25.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20293

Amount of Each Disbursement this Period

8.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20294

Amount of Each Disbursement this Period

208.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City DENVER State CO Zip Code 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20248

Amount of Each Disbursement this Period

118.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20275**

Amount of Each Disbursement this Period

127.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20276**

Amount of Each Disbursement this Period

127.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20295**

Amount of Each Disbursement this Period

108.53

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20186

Amount of Each Disbursement this Period

126.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City State Zip Code  
DUBUQUE IA 52001

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20185

Amount of Each Disbursement this Period

113.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City State Zip Code  
DUBUQUE IA 52001

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20187

Amount of Each Disbursement this Period

113.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOTEL JULIEN DUBUQUE**

Mailing Address 200 MAIN ST

City  
DUBUQUE

State  
IA

Zip Code  
52001

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20277

Amount of Each Disbursement this Period

113.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City  
LONG ISLAND CITY

State  
NY

Zip Code  
11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20249

Amount of Each Disbursement this Period

268.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20183

Amount of Each Disbursement this Period

127.70

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MICROSOFT**

Mailing Address **ONE MICROSOFT WAY**

City **REDMOND** State **WA** Zip Code **98052**

Purpose of Disbursement  
**COMPUTER EQUIPMENT**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20250**

Amount of Each Disbursement this Period

15.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICROSOFT**

Mailing Address **ONE MICROSOFT WAY**

City **REDMOND** State **WA** Zip Code **98052**

Purpose of Disbursement  
**COMPUTER EQUIPMENT**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20251**

Amount of Each Disbursement this Period

6.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address **6929 N LAKEWOOD AVE STE 100**

City **TULSA** State **OK** Zip Code **74117**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20252**

Amount of Each Disbursement this Period

149.69

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20253

Amount of Each Disbursement this Period

564.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20254

Amount of Each Disbursement this Period

5.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20255

Amount of Each Disbursement this Period

3.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20296

Amount of Each Disbursement this Period

130.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20256

Amount of Each Disbursement this Period

112.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20297

Amount of Each Disbursement this Period

134.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SPIRIT AIRLINES**

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20257

Amount of Each Disbursement this Period

222.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20258

Amount of Each Disbursement this Period

54.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20298

Amount of Each Disbursement this Period

54.03

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE BENJAMIN HOTEL**

Mailing Address 125 E 50TH ST

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10022**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20278**

Amount of Each Disbursement this Period

1458.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE BENJAMIN HOTEL**

Mailing Address 125 E 50TH ST

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10022**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20279**

Amount of Each Disbursement this Period

1458.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20259**

Amount of Each Disbursement this Period

883.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20260**

Amount of Each Disbursement this Period

412.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20299**

Amount of Each Disbursement this Period

288.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I20300**

Amount of Each Disbursement this Period

334.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20301

Amount of Each Disbursement this Period

245.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20302

Amount of Each Disbursement this Period

5.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VIRGIN AMERICA AIRLINES**

Mailing Address 555 AIRPORT BLVD

City  
BURLINGAME

State  
CA

Zip Code  
94010

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I20261

Amount of Each Disbursement this Period

891.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10716**

Amount of Each Disbursement this Period

22448.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ADOBE SYSTEMS INC**

Mailing Address 345 PARK AVE

City  
SAN JOSE

State  
CA

Zip Code  
95110

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18140**

Amount of Each Disbursement this Period

24.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18141**

Amount of Each Disbursement this Period

60.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

22448.60

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 4868 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18142**

Amount of Each Disbursement this Period

567.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18143**

Amount of Each Disbursement this Period

8.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18144**

Amount of Each Disbursement this Period

684.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18177**

Amount of Each Disbursement this Period

40.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18188**

Amount of Each Disbursement this Period

1957.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18145**

Amount of Each Disbursement this Period

85.49

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 4870 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EVENTBRITE**

Mailing Address 155 5TH ST 7TH FL

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18146

Amount of Each Disbursement this Period

40.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EVENTBRITE**

Mailing Address 155 5TH ST 7TH FL

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18147

Amount of Each Disbursement this Period

70.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City State Zip Code  
DENVER CO 80249

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18148

Amount of Each Disbursement this Period

-12.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City  
**DENVER**

State  
**CO**

Zip Code  
**80249**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18149**

Amount of Each Disbursement this Period

12.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State  
**VA**

Zip Code  
**22102**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18150**

Amount of Each Disbursement this Period

239.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City  
**MCLEAN**

State  
**VA**

Zip Code  
**22102**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18151**

Amount of Each Disbursement this Period

3.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4872 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18152**

Amount of Each Disbursement this Period

234.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18153**

Amount of Each Disbursement this Period

234.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18154**

Amount of Each Disbursement this Period

234.08

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4873 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18155**

Amount of Each Disbursement this Period

243.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18156**

Amount of Each Disbursement this Period

234.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18157**

Amount of Each Disbursement this Period

234.08

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18179

Amount of Each Disbursement this Period

7140.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18181

Amount of Each Disbursement this Period

220.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18182

Amount of Each Disbursement this Period

286.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18183**

Amount of Each Disbursement this Period

449.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18184**

Amount of Each Disbursement this Period

449.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18185**

Amount of Each Disbursement this Period

472.83

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18186**

Amount of Each Disbursement this Period

449.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18175**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18176**

Amount of Each Disbursement this Period

281.38

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 4877 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18158

Amount of Each Disbursement this Period

342.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18159

Amount of Each Disbursement this Period

388.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18160

Amount of Each Disbursement this Period

525.56

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18161**

Amount of Each Disbursement this Period

270.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18162**

Amount of Each Disbursement this Period

262.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I18163**

Amount of Each Disbursement this Period

314.69

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 4879 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18166

Amount of Each Disbursement this Period

366.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18167

Amount of Each Disbursement this Period

854.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18168

Amount of Each Disbursement this Period

610.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18169

Amount of Each Disbursement this Period

652.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18170

Amount of Each Disbursement this Period

854.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18171

Amount of Each Disbursement this Period

366.18

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4881 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18172

Amount of Each Disbursement this Period

610.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18173

Amount of Each Disbursement this Period

-80.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEDIACOM**

Mailing Address 1 MEDIACOM WAY

City State Zip Code  
MEDIACOM PARK NY 10918

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18178

Amount of Each Disbursement this Period

89.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MINNEAPOLIS CLUB**

Mailing Address 729 2ND AVE S

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18174

Amount of Each Disbursement this Period

667.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NV ENERGY**

Mailing Address P.O. BOX 30065

City RENO State NV Zip Code 89520

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I18180

Amount of Each Disbursement this Period

154.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I10717

Amount of Each Disbursement this Period

40588.19

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

40588.19

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
DATA STORAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20303

Amount of Each Disbursement this Period

2165.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20304

Amount of Each Disbursement this Period

130.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20305

Amount of Each Disbursement this Period

317.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20306**

Amount of Each Disbursement this Period

679.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20307**

Amount of Each Disbursement this Period

248.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20308**

Amount of Each Disbursement this Period

203.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20309**

Amount of Each Disbursement this Period

248.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20310**

Amount of Each Disbursement this Period

384.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20387**

Amount of Each Disbursement this Period

108.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20390

Amount of Each Disbursement this Period

141.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20391

Amount of Each Disbursement this Period

54.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20392

Amount of Each Disbursement this Period

190.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20393**

Amount of Each Disbursement this Period

141.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20394**

Amount of Each Disbursement this Period

406.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20395**

Amount of Each Disbursement this Period

280.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20396

Amount of Each Disbursement this Period

308.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20397

Amount of Each Disbursement this Period

-248.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20430

Amount of Each Disbursement this Period

256.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20431**

Amount of Each Disbursement this Period

138.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20432**

Amount of Each Disbursement this Period

83.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20433**

Amount of Each Disbursement this Period

406.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20434**

Amount of Each Disbursement this Period

180.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20435**

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20311**

Amount of Each Disbursement this Period

157.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20312**

Amount of Each Disbursement this Period

399.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20313**

Amount of Each Disbursement this Period

534.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20314**

Amount of Each Disbursement this Period

177.66

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 4892 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20315**

Amount of Each Disbursement this Period

356.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20388**

Amount of Each Disbursement this Period

193.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20389**

Amount of Each Disbursement this Period

196.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20436

Amount of Each Disbursement this Period

133.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20437

Amount of Each Disbursement this Period

324.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20438

Amount of Each Disbursement this Period

501.90

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVENTURA WORLDWIDE TRANSPORTATION**

Mailing Address P.O. BOX 80-0146

City AVENTURA State FL Zip Code 33280

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20439

Amount of Each Disbursement this Period

168.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BEACON HOTEL**

Mailing Address 1615 RHODE ISLAND AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20404

Amount of Each Disbursement this Period

392.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20384

Amount of Each Disbursement this Period

232.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20316

Amount of Each Disbursement this Period

3191.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRIGHT HOUSE NETWORKS**

Mailing Address P.O. BOX 31710

City State Zip Code  
TAMPA FL 33631

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20317

Amount of Each Disbursement this Period

364.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City State Zip Code  
PHOENIX AZ 85054

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20329

Amount of Each Disbursement this Period

97.18

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City  
**PHOENIX**

State  
**AZ**

Zip Code  
**85054**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20330**

Amount of Each Disbursement this Period

72.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COMCAST**

Mailing Address P.O. BOX 530098

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30353**

Purpose of Disbursement  
**UTILITIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20318**

Amount of Each Disbursement this Period

346.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30320**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20319**

Amount of Each Disbursement this Period

587.60

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20320**

Amount of Each Disbursement this Period

805.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20321**

Amount of Each Disbursement this Period

206.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20322**

Amount of Each Disbursement this Period

360.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20323**

Amount of Each Disbursement this Period

81.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20324**

Amount of Each Disbursement this Period

343.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20325**

Amount of Each Disbursement this Period

-560.80

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEX IMAGING**

Mailing Address 5109 W LEMON ST

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20455

Amount of Each Disbursement this Period

72.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20331

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20332

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20333

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20334

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20335

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20336

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20337

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20338

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20339

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20340

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20341

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20342

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20343

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20344

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20345

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20346

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20347

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20348

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20349

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20350

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20351

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20352

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20353

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20354**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20385**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20386**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20406

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20407

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20408

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20409

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20410

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20411

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20412

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20413

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20414

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20415

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20416

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20445

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20446

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20447

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20448

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EGENCIA**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20449

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20444

Amount of Each Disbursement this Period

380.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City State Zip Code  
ST. LOUIS MO 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20355

Amount of Each Disbursement this Period

120.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20356

Amount of Each Disbursement this Period

159.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20357

Amount of Each Disbursement this Period

257.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20358

Amount of Each Disbursement this Period

141.15

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20359

Amount of Each Disbursement this Period

65.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20380

Amount of Each Disbursement this Period

82.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20381

Amount of Each Disbursement this Period

203.92

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20450

Amount of Each Disbursement this Period

198.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FAIRFIELD INN & SUITES**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20443

Amount of Each Disbursement this Period

493.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20360

Amount of Each Disbursement this Period

282.44

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20417

Amount of Each Disbursement this Period

372.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20418

Amount of Each Disbursement this Period

12.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20419

Amount of Each Disbursement this Period

89.84

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20420

Amount of Each Disbursement this Period

114.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX**

Mailing Address 12155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20451

Amount of Each Disbursement this Period

146.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City DENVER State CO Zip Code 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20361

Amount of Each Disbursement this Period

69.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City State Zip Code  
DENVER CO 80249

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20362

Amount of Each Disbursement this Period

-69.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GEORGE WASHINGTON UNIVERSITY INN**

Mailing Address 824 NEW HAMPSHIRE AVE NW

City State Zip Code  
WASHINGTON DC 20037

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20328

Amount of Each Disbursement this Period

332.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GRAND HOTEL**

Mailing Address 286 GRAND AVE

City State Zip Code  
MACKINAC ISLAND MI 49757

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20421

Amount of Each Disbursement this Period

2518.11

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20440

Amount of Each Disbursement this Period

129.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HARVARD CLUB OF NEW YORK**

Mailing Address 35 W 44TH ST

City State Zip Code  
NEW YORK NY 10036

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20363

Amount of Each Disbursement this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HARVARD CLUB OF NEW YORK**

Mailing Address 35 W 44TH ST

City State Zip Code  
NEW YORK NY 10036

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20364

Amount of Each Disbursement this Period

3200.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20326

Amount of Each Disbursement this Period

204.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOTEL BLACKHAWK**

Mailing Address 200 E 3RD ST

City State Zip Code  
DAVENPORT IA 52801

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20401

Amount of Each Disbursement this Period

189.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOTEL BLACKHAWK**

Mailing Address 200 E 3RD ST

City State Zip Code  
DAVENPORT IA 52801

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20402

Amount of Each Disbursement this Period

189.92

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOTEL BLACKHAWK**

Mailing Address 200 E 3RD ST

City  
DAVENPORT

State  
IA

Zip Code  
52801

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20403

Amount of Each Disbursement this Period

189.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOVER.COM**

Mailing Address 96 MOWAT AVE

City  
TORONTO

State  
ON

Zip Code  
99999

Purpose of Disbursement  
DOMAIN PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20376

Amount of Each Disbursement this Period

78.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20398

Amount of Each Disbursement this Period

222.13

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20366

Amount of Each Disbursement this Period

82.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20422

Amount of Each Disbursement this Period

258.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LEXIS NEXIS**

Mailing Address 6501 PARK OF COMMERCE BLVD #140

City State Zip Code  
BOCA RATON FL 33487

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20453

Amount of Each Disbursement this Period

3000.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20327**

Amount of Each Disbursement this Period

150.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20383**

Amount of Each Disbursement this Period

360.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20441**

Amount of Each Disbursement this Period

301.22

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20442

Amount of Each Disbursement this Period

301.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MJ VALET**

Mailing Address 1425 K ST, NW #350

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
VALET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20365

Amount of Each Disbursement this Period

1395.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MR. VIDEO**

Mailing Address 6869 SPRINGFIELD BLVD

City State Zip Code  
SPRINGFIELD VA 22150

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20367

Amount of Each Disbursement this Period

783.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20368

Amount of Each Disbursement this Period

1641.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20369

Amount of Each Disbursement this Period

3.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20382

Amount of Each Disbursement this Period

103.93

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PERFECT SETTINGS**

Mailing Address 1851 S CLUB DR. STE A

City  
LANDOVER

State  
MD

Zip Code  
20785

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20370**

Amount of Each Disbursement this Period

365.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PREMIERE GLOBAL SERVICE**

Mailing Address 3280 PEACHTREE RD NE STE 1000

City  
ATLANTA

State  
GA

Zip Code  
30305

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20454**

Amount of Each Disbursement this Period

155.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHERATON**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20400**

Amount of Each Disbursement this Period

137.36

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20378

Amount of Each Disbursement this Period

68.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHRED-IT**

Mailing Address 10800 NW 92ND

City TERRACE State FL Zip Code 33178

Purpose of Disbursement  
SHREDDING SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20379

Amount of Each Disbursement this Period

116.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20371

Amount of Each Disbursement this Period

199.96

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20372

Amount of Each Disbursement this Period

398.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20373

Amount of Each Disbursement this Period

556.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
CREDIT-AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20423

Amount of Each Disbursement this Period

-250.48

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20424

Amount of Each Disbursement this Period

298.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20425

Amount of Each Disbursement this Period

82.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20456

Amount of Each Disbursement this Period

43.55

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20374**

Amount of Each Disbursement this Period

439.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20375**

Amount of Each Disbursement this Period

354.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20426**

Amount of Each Disbursement this Period

276.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20427**

Amount of Each Disbursement this Period

78.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20260**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20428**

Amount of Each Disbursement this Period

18.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20260**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I20429**

Amount of Each Disbursement this Period

5.05

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I20457

Amount of Each Disbursement this Period

5.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I9036

Amount of Each Disbursement this Period

2586.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLAS

State  
TX

Zip Code  
75265

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

Transaction ID : SB23.I9529

Amount of Each Disbursement this Period

3144.44

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5731.12

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMWAY GRAND PLAZA HOTEL**

Mailing Address 187 MONROE AVE NW

City State Zip Code  
GRAND RAPIDS MI 49503

Purpose of Disbursement  
FACILITY RENTAL/CATERING/EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I10031**

Amount of Each Disbursement this Period

1855.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMWAY GRAND PLAZA HOTEL**

Mailing Address 187 MONROE AVE NW

City State Zip Code  
GRAND RAPIDS MI 49503

Purpose of Disbursement  
FACILITY RENTAL/CATERING/EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I9759**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMY KELLY PHOTOGRAPHY**

Mailing Address 157 RICE RD

City State Zip Code  
QUINCY MA 02170

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I10009**

Amount of Each Disbursement this Period

600.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5155.27

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4935 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ANN CHATILLON PHOTOGRAPHY**

Mailing Address 20132 BAYVIEW AVE

City  
**NEWPORT BEACH**

State  
**CA**

Zip Code  
**92660**

Purpose of Disbursement  
**PHOTOGRAPHY SERVICE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9535**

Amount of Each Disbursement this Period

355.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ARES INVESTMENTS, LLC**

Mailing Address 1611 AUGUSTA ST

City  
**GREENVILLE**

State  
**SC**

Zip Code  
**29605**

Purpose of Disbursement  
**RENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I9048**

Amount of Each Disbursement this Period

2200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ARES INVESTMENTS, LLC**

Mailing Address 1611 AUGUSTA ST

City  
**GREENVILLE**

State  
**SC**

Zip Code  
**29605**

Purpose of Disbursement  
**RENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9457**

Amount of Each Disbursement this Period

1100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3655.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4936 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ARES INVESTMENTS, LLC**

Mailing Address 1611 AUGUSTA ST

City GREENVILLE State SC Zip Code 29605

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9931**

Amount of Each Disbursement this Period

1100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ATCHLEY & ASSOCIATES, LLP**

Mailing Address 6850 AUSTIN CENTER BLVD STE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement  
ACCOUNTING CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

**Transaction ID : SB23.I9513**

Amount of Each Disbursement this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AUDIO VISUAL MEETING EXCELLENCE LLC**

Mailing Address 7823 196TH ST SW UNIT A

City EDMONDS State WA Zip Code 98026

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I9079**

Amount of Each Disbursement this Period

492.75

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2292.75

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4937 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AXIS RESEARCH, INC.**

Mailing Address 107 S WEST ST, PMB 148

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8942

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AXIS RESEARCH, INC.**

Mailing Address 107 S WEST ST, PMB 148

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
RESEARCH CONSULTING/AIRFARE/TAXI FARE/INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

Transaction ID : SB23.I9459

Amount of Each Disbursement this Period

6724.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BIG BEAR PRODUCTIONS, LTD**

Mailing Address 200 LITTLE FALLS ST STE G-200

City FALLS CHURCH State VA Zip Code 22046

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I9760

Amount of Each Disbursement this Period

310.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

15034.13

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4938 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BIGGEST LITTLE INVESTMENTS, L.P.**

Mailing Address 3652 S VIRGINIA ST STE C7

City RENO State NV Zip Code 89502

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8943**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BIGGEST LITTLE INVESTMENTS, L.P.**

Mailing Address 3652 S VIRGINIA ST STE C7

City RENO State NV Zip Code 89502

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9460**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BIGGEST LITTLE INVESTMENTS, L.P.**

Mailing Address 3652 S VIRGINIA ST STE C7

City RENO State NV Zip Code 89502

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9933**

Amount of Each Disbursement this Period

949.50

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2949.50

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4939 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BMI**

Mailing Address 10 MUSIC SQUARE EAST

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement  
LICENSE FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I9247**

Amount of Each Disbursement this Period

328.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BRADY SULLIVAN KEENE PROPERTIES, LLC**

Mailing Address 670 N COMMERCIAL ST STE 303

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I9553**

Amount of Each Disbursement this Period

2853.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BRADY SULLIVAN KEENE PROPERTIES, LLC**

Mailing Address 670 N COMMERCIAL ST STE 303

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9934**

Amount of Each Disbursement this Period

1853.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5034.80

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4940 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BRITTO CENTRAL, INC.**

Mailing Address 818 LINCOLN RD

City State Zip Code  
MIAMI BEACH FL 33139

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB23.I10028**

Amount of Each Disbursement this Period

2086.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BROOKS PROPERTIES**

Mailing Address 1603 WOODLAKE DRIVE

City State Zip Code  
COLUMBIA SC 29206

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8944**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BROOKS PROPERTIES**

Mailing Address 1603 WOODLAKE DRIVE

City State Zip Code  
COLUMBIA SC 29206

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9462**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

14086.50

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BROOKS PROPERTIES**

Mailing Address 1603 WOODLAKE DRIVE

City COLUMBIA State SC Zip Code 29206

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9935**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. C & J DEVELOPMENT COMPANY, LLC**

Mailing Address P.O. BOX 187

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
RENT/UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I9008**

Amount of Each Disbursement this Period

2320.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. C & J DEVELOPMENT COMPANY, LLC**

Mailing Address P.O. BOX 187

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I9498**

Amount of Each Disbursement this Period

2320.85

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10641.70

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4942 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. C & J DEVELOPMENT COMPANY, LLC**

Mailing Address P.O. BOX 187

City  
ANKENY

State  
IA

Zip Code  
50021

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I9969**

Amount of Each Disbursement this Period

2194.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAFE Z**

Mailing Address 385 INVERNESS PKWY STE 420

City  
ENGLEWOOD

State  
CO

Zip Code  
80112

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I9996**

Amount of Each Disbursement this Period

2392.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CALIFORNIA DEPARTMENT OF REVENUE**

Mailing Address P.O. BOX 942840

City  
SACRAMENTO

State  
CA

Zip Code  
94240

Purpose of Disbursement  
STATE TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9110**

Amount of Each Disbursement this Period

435.52

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5022.92

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4943 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CALIFORNIA DEPARTMENT OF REVENUE**

Mailing Address P.O. BOX 942840

City  
**SACRAMENTO**

State  
**CA**

Zip Code  
**94240**

Purpose of Disbursement  
**STATE TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9333**

Amount of Each Disbursement this Period

435.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City  
**ALEXANDRIA**

State  
**VA**

Zip Code  
**22314**

Purpose of Disbursement  
**CREDIT CARD MERCHANT FEE/LIST RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I10215**

Amount of Each Disbursement this Period

1863.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City  
**ALEXANDRIA**

State  
**VA**

Zip Code  
**22314**

Purpose of Disbursement  
**CREDIT CARD MERCHANT FEE/LIST RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9037**

Amount of Each Disbursement this Period

24644.10

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

26943.52

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

Transaction ID : SB23.I9528

Amount of Each Disbursement this Period

11012.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I9991

Amount of Each Disbursement this Period

5813.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CARTER & HOLMES ORCHIDS**

Mailing Address P.O. BOX 668 629 MENDENHALL RD

City NEWBERRY State SC Zip Code 29108

Purpose of Disbursement  
FLORAL EXPENSE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I9747

Amount of Each Disbursement this Period

755.02

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

17581.63

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CASWELL & COMPANY**

Mailing Address 4617 MONTROSE BLVD #190

City  
HOUSTON

State  
TX

Zip Code  
77006

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9536**

Amount of Each Disbursement this Period

811.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CASWELL & COMPANY**

Mailing Address 4617 MONTROSE BLVD #190

City  
HOUSTON

State  
TX

Zip Code  
77006

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I9748**

Amount of Each Disbursement this Period

811.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CATERING BY LIZ**

Mailing Address 919 KING ST

City  
JACKSONVILLE

State  
FL

Zip Code  
32204

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I9249**

Amount of Each Disbursement this Period

2599.03

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4222.77

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4946 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHAINBRIDGE**

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10188

Amount of Each Disbursement this Period

189.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHAINBRIDGE**

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9239

Amount of Each Disbursement this Period

285.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHAINBRIDGE**

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9723

Amount of Each Disbursement this Period

430.25

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

905.42

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHICO'S RESTUARANT**

Mailing Address 4070 W 12TH AVE

City State Zip Code  
HIALEAH FL 33012

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB23.I10020**

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CITADEL REPUBLICAN SOCIETY**

Mailing Address MSC 63, THE CITADEL

City State Zip Code  
CHARLESTON SC 29409

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I9997**

Amount of Each Disbursement this Period

4274.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CITY OF RENO**

Mailing Address 1 E 1ST ST 11TH FL

City State Zip Code  
RENO NV 89501

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I9728**

Amount of Each Disbursement this Period

635.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5259.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SB23.I10013**

Amount of Each Disbursement this Period

84.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT/CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10183**

Amount of Each Disbursement this Period

17185.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT/CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 30 / 2015

**Transaction ID : SB23.I10228**

Amount of Each Disbursement this Period

312.04

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

17581.61

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT/CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 20 / 2015

**Transaction ID : SB23.I9258**

Amount of Each Disbursement this Period

77256.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9275**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I9310**

Amount of Each Disbursement this Period

2549.97

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

79856.39

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT/CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

**Transaction ID : SB23.I9734**

Amount of Each Disbursement this Period

23924.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COCA-COLA REFRESHMENTS**

Mailing Address P.O. BOX 403390

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I10208**

Amount of Each Disbursement this Period

299.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COMMUNICATIONS CORPORATION OF AMERICA**

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9517**

Amount of Each Disbursement this Period

3839.67

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

28064.48

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. COMPLIANCE CONSULTING SERVICES**

Mailing Address 300 S BISCAYNE BLVD STE 3208

City State Zip Code  
MIAMI FL 33131

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8986**

Amount of Each Disbursement this Period

5102.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. COMPLIANCE CONSULTING SERVICES**

Mailing Address 300 S BISCAYNE BLVD STE 3208

City State Zip Code  
MIAMI FL 33131

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9463**

Amount of Each Disbursement this Period

7377.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COMPLIANCE CONSULTING SERVICES**

Mailing Address 300 S BISCAYNE BLVD STE 3208

City State Zip Code  
MIAMI FL 33131

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I9982**

Amount of Each Disbursement this Period

2360.20

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

14840.20

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 4952 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CONNELL DONATELLI, INC.**

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
WEB SVC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8993**

Amount of Each Disbursement this Period

2341.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CONSOLIDATED COMMUNICATIONS**

Mailing Address P.O. BOX 3248

City MANKATO State MN Zip Code 56002

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10185**

Amount of Each Disbursement this Period

610.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. D'ANDREA VISUAL COMMUNICATIONS**

Mailing Address 6100 GATEWAY DR.

City CYPRESS State CA Zip Code 90630

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I9568**

Amount of Each Disbursement this Period

20256.79

☐ Memo Item

**Subtotal Of Receipts This Page** (optional)..... 23208.68

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. D'ANDREA VISUAL COMMUNICATIONS**

Mailing Address 6100 GATEWAY DR.

City  
CYPRESS

State  
CA

Zip Code  
90630

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I9743**

Amount of Each Disbursement this Period

2437.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DC DEPARTMENT OF REVENUE**

Mailing Address 1101 4TH ST SW STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10175**

Amount of Each Disbursement this Period

560.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DC DEPARTMENT OF REVENUE**

Mailing Address 1101 4TH ST SW STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10233**

Amount of Each Disbursement this Period

560.86

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3559.60

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DC DEPARTMENT OF REVENUE**

Mailing Address 1101 4TH ST SW STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9135

Amount of Each Disbursement this Period

666.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DC DEPARTMENT OF REVENUE**

Mailing Address 1101 4TH ST SW STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9359

Amount of Each Disbursement this Period

666.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DC DEPARTMENT OF REVENUE**

Mailing Address 1101 4TH ST SW STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9712

Amount of Each Disbursement this Period

560.86

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1894.64

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DC DEPARTMENT OF REVENUE**

Mailing Address 1101 4TH ST SW STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9909

Amount of Each Disbursement this Period

560.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DCE PRODUCTIONS**

Mailing Address 5415 W SLIGH STE 102

City  
TAMPA

State  
FL

Zip Code  
33634

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I9761

Amount of Each Disbursement this Period

645.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEEP CREEK COMMUNITY CHURCH**

Mailing Address 1500 COOPER ST

City  
PUNTA GORDA

State  
FL

Zip Code  
33950

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 27 / 2015

Transaction ID : SB23.I9291

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1455.86

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DEEP ROOT ANALYTICS, LLC**

Mailing Address 1600 WILSON BLVD STE 330

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
MICROTARGETING CONSULTING/LODGING/COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9022**

Amount of Each Disbursement this Period

204779.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DEEP ROOT ANALYTICS, LLC**

Mailing Address 1600 WILSON BLVD STE 330

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
MICROTARGETING CONSULTING/LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I9499**

Amount of Each Disbursement this Period

114559.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEEP ROOT ANALYTICS, LLC**

Mailing Address 1600 WILSON BLVD STE 330

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
MICROTARGETING CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9919**

Amount of Each Disbursement this Period

120000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**..... 439338.88

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DJ ELVIS & ENTERTAINMENT SERVICES CORP.**

Mailing Address P.O. BOX 651571

City State Zip Code  
MIAMI FL 33265

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I10032**

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DJ ELVIS & ENTERTAINMENT SERVICES CORP.**

Mailing Address P.O. BOX 651571

City State Zip Code  
MIAMI FL 33265

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 26 / 2015

**Transaction ID : SB23.I9283**

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DJ ELVIS & ENTERTAINMENT SERVICES CORP.**

Mailing Address P.O. BOX 651571

City State Zip Code  
MIAMI FL 33265

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I9555**

Amount of Each Disbursement this Period

350.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOT THE I**

Mailing Address 2825 GLENDALE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28209

Purpose of Disbursement  
DESIGN CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8946**

Amount of Each Disbursement this Period

2250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOT THE I**

Mailing Address 2825 GLENDALE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28209

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I984**

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. E. ANTHONY MEETINGS & EVENTS, INC**

Mailing Address 385 INVERNESS PKWY STE 420

City  
ENGLEWOOD

State  
CO

Zip Code  
80112

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I9749**

Amount of Each Disbursement this Period

790.84

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3790.84

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ECHELON INSIGHTS**

Mailing Address 814 KING ST STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8994

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EDGEWATER CORPORATION OF FLORIDA, LLC**

Mailing Address P.O. BOX 13633

City TALLAHASSEE State FL Zip Code 32317

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8947

Amount of Each Disbursement this Period

5935.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EDGEWATER CORPORATION OF FLORIDA, LLC**

Mailing Address P.O. BOX 13633

City TALLAHASSEE State FL Zip Code 32317

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

Transaction ID : SB23.I9464

Amount of Each Disbursement this Period

5935.43

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

26870.86

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EDGEWATER CORPORATION OF FLORIDA, LLC**

Mailing Address P.O. BOX 13633

City  
TALLAHASSEE

State  
FL

Zip Code  
32317

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9936**

Amount of Each Disbursement this Period

5935.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ELECTION CONNECTIONS**

Mailing Address P.O. BOX 10866

City  
TALLAHASSEE

State  
FL

Zip Code  
32302

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8948**

Amount of Each Disbursement this Period

28974.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ELECTION CONNECTIONS**

Mailing Address P.O. BOX 10866

City  
TALLAHASSEE

State  
FL

Zip Code  
32302

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 27 / 2015

**Transaction ID : SB23.I9292**

Amount of Each Disbursement this Period

4826.64

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

39736.67

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ELECTION CONNECTIONS**

Mailing Address P.O. BOX 10866

City  
TALLAHASSEE

State  
FL

Zip Code  
32302

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I9501**

Amount of Each Disbursement this Period

3245.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ELECTION CONNECTIONS**

Mailing Address P.O. BOX 10866

City  
TALLAHASSEE

State  
FL

Zip Code  
32302

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I9569**

Amount of Each Disbursement this Period

20812.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ELECTION CONNECTIONS**

Mailing Address P.O. BOX 10866

City  
TALLAHASSEE

State  
FL

Zip Code  
32302

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9707**

Amount of Each Disbursement this Period

2180.25

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

26238.91

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ELECTION CONNECTIONS**

Mailing Address P.O. BOX 10866

City  
TALLAHASSEE

State  
FL

Zip Code  
32302

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I9975

Amount of Each Disbursement this Period

8003.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ELEVARE COMMUNICATIONS, L.L.C.**

Mailing Address 214 NORTH MAIN ST  
P.O. BOX 1415

City  
CONCORD

State  
NH

Zip Code  
03302

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I10200

Amount of Each Disbursement this Period

41108.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ELEVARE COMMUNICATIONS, L.L.C.**

Mailing Address 214 NORTH MAIN ST  
P.O. BOX 1415

City  
CONCORD

State  
NH

Zip Code  
03302

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/PRINTING/POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8995

Amount of Each Disbursement this Period

29019.10

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

78131.24

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ELEVARE COMMUNICATIONS, L.L.C.**

Mailing Address 214 NORTH MAIN ST  
P.O. BOX 1415

City CONCORD State NH Zip Code 03302

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I9583**

Amount of Each Disbursement this Period

28018.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ELLOS GLOBAL, LLC**

Mailing Address 1825 PONCE DE LEON BLVD #262

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LOGISTICS CONSULTING/LODGING/PER DIEM/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I9066**

Amount of Each Disbursement this Period

10967.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EVERSOURCE**

Mailing Address P.O. BOX 650047

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8977**

Amount of Each Disbursement this Period

521.21

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

39507.17

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EVERSOURCE**

Mailing Address P.O. BOX 650047

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9266**

Amount of Each Disbursement this Period

1437.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EVERSOURCE**

Mailing Address P.O. BOX 650047

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I9502**

Amount of Each Disbursement this Period

850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EVERSOURCE**

Mailing Address P.O. BOX 650047

City DALLAS State TX Zip Code 75265

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I9970**

Amount of Each Disbursement this Period

895.09

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3182.59

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXECUTIVE OFFICE FURNITURE, INC**

Mailing Address 241 E HARRISON ST

City  
TALLAHASSEE

State  
FL

Zip Code  
32301

Purpose of Disbursement  
OFFICE FURNITURE RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I9080

Amount of Each Disbursement this Period

204.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXECUTIVE OFFICE FURNITURE, INC**

Mailing Address 241 E HARRISON ST

City  
TALLAHASSEE

State  
FL

Zip Code  
32301

Purpose of Disbursement  
OFFICE FURNITURE RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I9578

Amount of Each Disbursement this Period

204.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXECUTIVE PRESS, INC.**

Mailing Address 10412 MAIN STREET

City  
FAIRFAX

State  
VA

Zip Code  
22030

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I9769

Amount of Each Disbursement this Period

21937.20

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

22345.70

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXPRESSIONS PHOTOGRAPHY**

Mailing Address 2511 S LOMA LINDA DR.

City State Zip Code  
TOPLIN MO 64804

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I9058**

Amount of Each Disbursement this Period

372.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FAIRFIELD PROTECTIVE SERVICES, INC.**

Mailing Address P.O. BOX 1493

City State Zip Code  
SOUTHAMPTON NY 11969

Purpose of Disbursement  
VALET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8979**

Amount of Each Disbursement this Period

1954.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FAIRFIELD PROTECTIVE SERVICES, INC.**

Mailing Address P.O. BOX 1493

City State Zip Code  
SOUTHAMPTON NY 11969

Purpose of Disbursement  
VALET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9537**

Amount of Each Disbursement this Period

1396.48

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3722.86

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 4967 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FASTSIGNS**

Mailing Address 8240 W FLAGLER ST

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I10033

Amount of Each Disbursement this Period

518.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FENTON-ESPINOSA TRANSLATIONS**

Mailing Address 1006 GENOA ST

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
TRANSLATION FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8971

Amount of Each Disbursement this Period

1948.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FENTON-ESPINOSA TRANSLATIONS**

Mailing Address 1006 GENOA ST

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
TRANSLATION FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I9241

Amount of Each Disbursement this Period

4605.55

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7072.29

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FENTON-ESPINOSA TRANSLATIONS**

Mailing Address 1006 GENOA ST

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
TRANSLATION FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I9306

Amount of Each Disbursement this Period

540.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10363

Amount of Each Disbursement this Period

11.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10364

Amount of Each Disbursement this Period

76.50

☐ Memo Item

Subtotal Of Receipts This Page (optional)..... 628.50

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21488

Amount of Each Disbursement this Period

24.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21490

Amount of Each Disbursement this Period

10.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City  
SEATTLE

State  
WA

Zip Code  
98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21481

Amount of Each Disbursement this Period

4.93

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21487

Amount of Each Disbursement this Period

1.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10365

Amount of Each Disbursement this Period

188.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City  
CORAL GABLES

State  
FL

Zip Code  
33134

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21663

Amount of Each Disbursement this Period

10.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

188.95

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CARRABBA'S ITALIAN GRILL**

Mailing Address 9231 W FLAGLER ST

City State Zip Code  
MIAMI FL 33172

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21662

Amount of Each Disbursement this Period

178.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10366

Amount of Each Disbursement this Period

3021.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21380

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3021.19

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21385**

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21386**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21391**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21394**

Amount of Each Disbursement this Period

384.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21395**

Amount of Each Disbursement this Period

51.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21382**

Amount of Each Disbursement this Period

120.43

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CVS**

Mailing Address 1 CVS DR.

City  
WOONSOCKET

State  
RI

Zip Code  
02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21399

Amount of Each Disbursement this Period

12.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21390

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21392

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21396

Amount of Each Disbursement this Period

426.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City CANTON State MA Zip Code 02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21376

Amount of Each Disbursement this Period

91.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21373

Amount of Each Disbursement this Period

13.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21381

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21388

Amount of Each Disbursement this Period

2.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21401

Amount of Each Disbursement this Period

8.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21383**

Amount of Each Disbursement this Period

434.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City MIAMI State FL Zip Code 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21384**

Amount of Each Disbursement this Period

25.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21397**

Amount of Each Disbursement this Period

8.98

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21398

Amount of Each Disbursement this Period

20.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21400

Amount of Each Disbursement this Period

12.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City  
TEMPE

State  
AZ

Zip Code  
85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21375

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21377**

Amount of Each Disbursement this Period

427.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21378**

Amount of Each Disbursement this Period

200.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21379**

Amount of Each Disbursement this Period

200.05

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10367

Amount of Each Disbursement this Period

3769.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALAMO CAR RENTAL**

Mailing Address 15 TRANSPORTATION WAY

City

EAST BOSTON

State

MA

Zip Code

02128

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20937

Amount of Each Disbursement this Period

73.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City

DALLAS

State

TX

Zip Code

75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20967

Amount of Each Disbursement this Period

129.90

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3769.18

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City AKRON State OH Zip Code 44310

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20945

Amount of Each Disbursement this Period

22.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CVS**

Mailing Address 1 CVS DR.

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20950

Amount of Each Disbursement this Period

6.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DIGITAL NOW INC.**

Mailing Address 3144 STAGE POST DR. STE. 101

City MEMPHIS State TN Zip Code 38133

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20936

Amount of Each Disbursement this Period

366.04

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20971

Amount of Each Disbursement this Period

195.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20938

Amount of Each Disbursement this Period

5.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20947

Amount of Each Disbursement this Period

11.43

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 4983 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20946

Amount of Each Disbursement this Period

292.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20953

Amount of Each Disbursement this Period

23.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20958

Amount of Each Disbursement this Period

114.62

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20964

Amount of Each Disbursement this Period

19.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20968

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20969

Amount of Each Disbursement this Period

18.40

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20940**

Amount of Each Disbursement this Period

366.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LOWES**

Mailing Address 222 S RIVER RD

City  
**BEDFORD**

State  
**NH**

Zip Code  
**03110**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20944**

Amount of Each Disbursement this Period

35.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
**BETHESDA**

State  
**MD**

Zip Code  
**20817**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20965**

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20939

Amount of Each Disbursement this Period

21.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20949

Amount of Each Disbursement this Period

21.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20957

Amount of Each Disbursement this Period

25.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE MAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20955

Amount of Each Disbursement this Period

33.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OFFICE MAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20956

Amount of Each Disbursement this Period

66.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RONALD REAGAN FOUNDATION**

Mailing Address 40 PRESIDENTIAL DR.

City SIMI VALLEY State CA Zip Code 93065

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20960

Amount of Each Disbursement this Period

268.97

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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PAGE 4988 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SIGN ME UP**

Mailing Address 53A RT 34

City  
MATAWAN

State  
NJ

Zip Code  
07747

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20943

Amount of Each Disbursement this Period

625.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SIGN ME UP**

Mailing Address 53A RT 34

City  
MATAWAN

State  
NJ

Zip Code  
07747

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20951

Amount of Each Disbursement this Period

674.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUNOCO**

Mailing Address 97 DARLING AVE

City  
SOUTH PORTLAND

State  
ME

Zip Code  
04106

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20959

Amount of Each Disbursement this Period

26.33

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UPS**

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20961

Amount of Each Disbursement this Period

7.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20942

Amount of Each Disbursement this Period

53.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20941

Amount of Each Disbursement this Period

46.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
CREDIT-OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20948

Amount of Each Disbursement this Period

-16.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20952

Amount of Each Disbursement this Period

12.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I20962

Amount of Each Disbursement this Period

2.43

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I20963**

Amount of Each Disbursement this Period

16.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I10368**

Amount of Each Disbursement this Period

5134.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City  
**PHOENIX**

State  
**AZ**

Zip Code  
**85016**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21219**

Amount of Each Disbursement this Period

142.23

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

5134.31

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21207

Amount of Each Disbursement this Period

16.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21216

Amount of Each Disbursement this Period

661.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21229

Amount of Each Disbursement this Period

661.06

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21230

Amount of Each Disbursement this Period

33.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21234

Amount of Each Disbursement this Period

220.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21250

Amount of Each Disbursement this Period

696.31

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BWI TAXI SERVICE**

Mailing Address P.O. BOX 25

City LINTHICUM HEIGHTS State MD Zip Code 21090

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21200

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BWI TAXI SERVICE**

Mailing Address P.O. BOX 25

City LINTHICUM HEIGHTS State MD Zip Code 21090

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21208

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BWI TAXI SERVICE**

Mailing Address P.O. BOX 25

City LINTHICUM HEIGHTS State MD Zip Code 21090

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21210

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BWI TAXI SERVICE**

Mailing Address P.O. BOX 25

City LINTHICUM HEIGHTS State MD Zip Code 21090

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21214**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BWI TAXI SERVICE**

Mailing Address P.O. BOX 25

City LINTHICUM HEIGHTS State MD Zip Code 21090

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21217**

Amount of Each Disbursement this Period

103.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BWI TAXI SERVICE**

Mailing Address P.O. BOX 25

City LINTHICUM HEIGHTS State MD Zip Code 21090

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21224**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BWI TAXI SERVICE**

Mailing Address P.O. BOX 25

City LINTHICUM HEIGHTS State MD Zip Code 21090

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21243

Amount of Each Disbursement this Period

29.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BWI TAXI SERVICE**

Mailing Address P.O. BOX 25

City LINTHICUM HEIGHTS State MD Zip Code 21090

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21253

Amount of Each Disbursement this Period

28.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21236

Amount of Each Disbursement this Period

394.82

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21231

Amount of Each Disbursement this Period

612.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MEDITERRANEO**

Mailing Address 32037 AGOURA RD

City State Zip Code  
WESTLAKE VILLAGE CA 91361

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21235

Amount of Each Disbursement this Period

150.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MEDITERRANEO**

Mailing Address 32037 AGOURA RD

City State Zip Code  
WESTLAKE VILLAGE CA 91361

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21237

Amount of Each Disbursement this Period

260.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21198

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21203

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21204

Amount of Each Disbursement this Period

26.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21209

Amount of Each Disbursement this Period

24.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21220

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21222

Amount of Each Disbursement this Period

27.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21232

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21233

Amount of Each Disbursement this Period

31.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21242

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21245

Amount of Each Disbursement this Period

27.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21247

Amount of Each Disbursement this Period

27.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21252

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City State Zip Code  
AMARILLO TX 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21218

Amount of Each Disbursement this Period

169.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City State Zip Code  
BOHEMIA NY 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21226

Amount of Each Disbursement this Period

17.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21199

Amount of Each Disbursement this Period

15.22

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21201**

Amount of Each Disbursement this Period

12.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21202**

Amount of Each Disbursement this Period

11.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21205**

Amount of Each Disbursement this Period

31.80

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21206

Amount of Each Disbursement this Period

11.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21211

Amount of Each Disbursement this Period

10.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21212

Amount of Each Disbursement this Period

13.78

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21213

Amount of Each Disbursement this Period

10.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21215

Amount of Each Disbursement this Period

25.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21221

Amount of Each Disbursement this Period

10.33

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21225

Amount of Each Disbursement this Period

13.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21227

Amount of Each Disbursement this Period

5.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21228

Amount of Each Disbursement this Period

21.92

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21239

Amount of Each Disbursement this Period

30.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21244

Amount of Each Disbursement this Period

11.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21246

Amount of Each Disbursement this Period

11.49

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21248**

Amount of Each Disbursement this Period

11.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21249**

Amount of Each Disbursement this Period

12.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21251**

Amount of Each Disbursement this Period

4.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I10369**

Amount of Each Disbursement this Period

649.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City

DALLAS

State

TX

Zip Code

75240

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21040**

Amount of Each Disbursement this Period

14.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City

MCLEAN

State

VA

Zip Code

22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21037**

Amount of Each Disbursement this Period

313.44

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

649.01

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JIMMY JOHN'S**

Mailing Address 2212 FOX DR.

City  
CHAMPAIGN

State  
IL

Zip Code  
61820

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21039

Amount of Each Disbursement this Period

97.74

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City  
TULSA

State  
OK

Zip Code  
74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21038

Amount of Each Disbursement this Period

188.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21035

Amount of Each Disbursement this Period

30.41

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21041

Amount of Each Disbursement this Period

2.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10370

Amount of Each Disbursement this Period

238.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CVS**

Mailing Address 1 CVS DR.

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21550

Amount of Each Disbursement this Period

15.13

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

238.48

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21549

Amount of Each Disbursement this Period

64.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21547

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10371

Amount of Each Disbursement this Period

880.35

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

880.35

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21170

Amount of Each Disbursement this Period

45.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HEADSETS.COM**

Mailing Address 211 AUSTIN ST.

City State Zip Code  
SAN FRANCISCO CA 94109

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21167

Amount of Each Disbursement this Period

277.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LAKEHOUSE GRILL**

Mailing Address 281 DANIEL WEBSTER HWY

City State Zip Code  
MEREDITH NH 03253

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21169

Amount of Each Disbursement this Period

227.59

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City BOHEMIA State NY Zip Code 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21172

Amount of Each Disbursement this Period

6.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21168

Amount of Each Disbursement this Period

22.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTLAKE VILLAGE INN**

Mailing Address 31943 AGOURA RD

City WESTLAKE VILLAGE State CA Zip Code 91361

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21174

Amount of Each Disbursement this Period

176.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTLAKE VILLAGE INN**

Mailing Address 31943 AGOURA RD

City WESTLAKE VILLAGE State CA Zip Code 91361

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21175

Amount of Each Disbursement this Period

21.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10372

Amount of Each Disbursement this Period

3862.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AVIS**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21680

Amount of Each Disbursement this Period

188.39

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

3862.42

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AVIS**

Mailing Address 6 SYLVAN WAY

City  
PARSIPPANY

State  
NJ

Zip Code  
07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21689

Amount of Each Disbursement this Period

12.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BARRON'S RENTAL CENTER**

Mailing Address 340 HAWTHORNE AVE

City  
ATHENS

State  
GA

Zip Code  
30606

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21701

Amount of Each Disbursement this Period

16.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BEST WESTERN**

Mailing Address 6201 N 24TH PKWY

City  
PHOENIX

State  
AZ

Zip Code  
85016

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21674

Amount of Each Disbursement this Period

120.43

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City  
SAN RAMON

State  
CA

Zip Code  
94583

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21687

Amount of Each Disbursement this Period

55.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHEVRON**

Mailing Address 6001 BOLLINGER CANYON RD

City  
SAN RAMON

State  
CA

Zip Code  
94583

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21688

Amount of Each Disbursement this Period

38.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CIRCLE K**

Mailing Address 935 E TALLMADGE AVE

City  
AKRON

State  
OH

Zip Code  
44310

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21665

Amount of Each Disbursement this Period

42.87

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CVS**

Mailing Address 1 CVS DR.

City  
**WOONSOCKET**

State  
**RI**

Zip Code  
**02895**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21682**

Amount of Each Disbursement this Period

124.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CVS**

Mailing Address 1 CVS DR.

City  
**WOONSOCKET**

State  
**RI**

Zip Code  
**02895**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21684**

Amount of Each Disbursement this Period

64.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CVS**

Mailing Address 1 CVS DR.

City  
**WOONSOCKET**

State  
**RI**

Zip Code  
**02895**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21685**

Amount of Each Disbursement this Period

6.44

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CVS**

Mailing Address 1 CVS DR.

City  
WOONSOCKET

State  
RI

Zip Code  
02895

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21686

Amount of Each Disbursement this Period

19.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21705

Amount of Each Disbursement this Period

247.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City  
CANTON

State  
MA

Zip Code  
02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21675

Amount of Each Disbursement this Period

17.93

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FAIRFIELD INN & SUITES**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21679

Amount of Each Disbursement this Period

135.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City State Zip Code  
DALLAS TX 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21690

Amount of Each Disbursement this Period

12.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City State Zip Code  
DALLAS TX 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21691

Amount of Each Disbursement this Period

417.27

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21676

Amount of Each Disbursement this Period

434.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City State Zip Code  
ATLANTA GA 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21692

Amount of Each Disbursement this Period

7.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21704

Amount of Each Disbursement this Period

32.22

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21667

Amount of Each Disbursement this Period

380.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21671

Amount of Each Disbursement this Period

15.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21678

Amount of Each Disbursement this Period

19.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City  
BOCA RATONState  
FLZip Code  
33496Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21706

Amount of Each Disbursement this Period

30.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OMNI SHOREHAM HOTEL**

Mailing Address 2500 CALVERT ST NW

City  
WASHINGTONState  
DCZip Code  
20008Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21681

Amount of Each Disbursement this Period

-9.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OMNI SHOREHAM HOTEL**

Mailing Address 2500 CALVERT ST NW

City  
WASHINGTONState  
DCZip Code  
20008Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21683

Amount of Each Disbursement this Period

499.73

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21694**

Amount of Each Disbursement this Period

14.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21707**

Amount of Each Disbursement this Period

16.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City  
**TEMPE**

State  
**AZ**

Zip Code  
**85281**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21670**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21666**

Amount of Each Disbursement this Period

198.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21673**

Amount of Each Disbursement this Period

13.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21695**

Amount of Each Disbursement this Period

111.33

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21702**

Amount of Each Disbursement this Period

18.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
**STAMFORD**

State  
**CT**

Zip Code  
**06902**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21669**

Amount of Each Disbursement this Period

425.74

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
**STAMFORD**

State  
**CT**

Zip Code  
**06902**

Purpose of Disbursement  
**PARKING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21700**

Amount of Each Disbursement this Period

30.55

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10373

Amount of Each Disbursement this Period

4222.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BASECAMP**

Mailing Address 1201 W WASHINGTON BLVD

City

CHICAGO

State

IL

Zip Code

60607

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21634

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMPIRE CLS**

Mailing Address 225 MEADOWLANDS PARKWAY

City

SECAUCUS

State

NJ

Zip Code

07094

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21635

Amount of Each Disbursement this Period

259.58

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

4222.49

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMPIRE CLS**

Mailing Address 225 MEADOWLANDS PARKWAY

City  
SECAUCUS

State  
NJ

Zip Code  
07094

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21636

Amount of Each Disbursement this Period

168.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMPIRE CLS**

Mailing Address 225 MEADOWLANDS PARKWAY

City  
SECAUCUS

State  
NJ

Zip Code  
07094

Purpose of Disbursement  
CREDIT-TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21637

Amount of Each Disbursement this Period

-78.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21633

Amount of Each Disbursement this Period

3734.03

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I10374**

Amount of Each Disbursement this Period

2796.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CITRIX**

Mailing Address 851 W CYPRESS CREEK RD

City State Zip Code  
FORT LAUDERDALE FL 33309

Purpose of Disbursement  
TELECONFERENCING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21806**

Amount of Each Disbursement this Period

249.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City State Zip Code  
ATLANTA GA 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21802**

Amount of Each Disbursement this Period

58.80

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2796.11

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21803

Amount of Each Disbursement this Period

23.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21813

Amount of Each Disbursement this Period

721.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LEO'S PIZZA**

Mailing Address 6720 CORAL WAY

City MIAMI State FL Zip Code 33155

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21801

Amount of Each Disbursement this Period

40.83

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LEO'S PIZZA**

Mailing Address 6720 CORAL WAY

City State Zip Code  
MIAMI FL 33155

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21821

Amount of Each Disbursement this Period

340.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LEO'S PIZZA**

Mailing Address 6720 CORAL WAY

City State Zip Code  
MIAMI FL 33155

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21822

Amount of Each Disbursement this Period

39.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City State Zip Code  
BOCA RATON FL 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21826

Amount of Each Disbursement this Period

72.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21827

Amount of Each Disbursement this Period

73.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21805

Amount of Each Disbursement this Period

343.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21823

Amount of Each Disbursement this Period

98.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5033 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
**LEXINGTON**

State  
**MA**

Zip Code  
**02421**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21807**

Amount of Each Disbursement this Period

29.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**COMPUTER EQUIPMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21808**

Amount of Each Disbursement this Period

86.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**COMPUTER EQUIPMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21810**

Amount of Each Disbursement this Period

126.26

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5034 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**COMPUTER EQUIPMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21814**

Amount of Each Disbursement this Period

35.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21816**

Amount of Each Disbursement this Period

88.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21817**

Amount of Each Disbursement this Period

80.12

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5035 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21818

Amount of Each Disbursement this Period

6.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21819

Amount of Each Disbursement this Period

46.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21820

Amount of Each Disbursement this Period

2.59

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5036 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21824

Amount of Each Disbursement this Period

152.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21825

Amount of Each Disbursement this Period

12.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21828

Amount of Each Disbursement this Period

4.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I10375**

Amount of Each Disbursement this Period

38712.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City

DALLAS

State

TX

Zip Code

75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21064**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address 208 S AKARD ST

City

DALLAS

State

TX

Zip Code

75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21121**

Amount of Each Disbursement this Period

56.63

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

38712.13

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 5038 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21065

Amount of Each Disbursement this Period

110.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21066

Amount of Each Disbursement this Period

110.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21067

Amount of Each Disbursement this Period

661.06

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5039 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21105

Amount of Each Disbursement this Period

110.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21106

Amount of Each Disbursement this Period

330.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21107

Amount of Each Disbursement this Period

330.53

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21109

Amount of Each Disbursement this Period

244.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21110

Amount of Each Disbursement this Period

244.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21119

Amount of Each Disbursement this Period

220.35

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5041 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21120

Amount of Each Disbursement this Period

220.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAMPAIGN GRAPHICS**

Mailing Address 1229 N WAKONDA ST

City State Zip Code  
FLAGSTAFF AZ 86004

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21111

Amount of Each Disbursement this Period

4946.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMPAIGN GRAPHICS**

Mailing Address 1229 N WAKONDA ST

City State Zip Code  
FLAGSTAFF AZ 86004

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21112

Amount of Each Disbursement this Period

389.93

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAPE ARUNDEL INN**

Mailing Address 8 OLD FORT AVE

City  
KENNEBUNKPORT

State  
MA

Zip Code  
04046

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21068

Amount of Each Disbursement this Period

532.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CAPE ARUNDEL INN**

Mailing Address 8 OLD FORT AVE

City  
KENNEBUNKPORT

State  
MA

Zip Code  
04046

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21104

Amount of Each Disbursement this Period

-482.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CINEMA TECHNOLOGY SERVICES, LLC**

Mailing Address P.O. BOX D-400

City  
POMONA

State  
NY

Zip Code  
10970

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21117

Amount of Each Disbursement this Period

871.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CITY OF LAS VEGAS**

Mailing Address 495 S MAIN ST

City  
LAS VEGAS

State  
NV

Zip Code  
89101

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21113**

Amount of Each Disbursement this Period

1350.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CLOSE.IO**

Mailing Address 501 FOREST AVE SUITE 1201

City  
PALO ALTO

State  
CA

Zip Code  
94301

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21069**

Amount of Each Disbursement this Period

612.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CLOSE.IO**

Mailing Address 501 FOREST AVE SUITE 1201

City  
PALO ALTO

State  
CA

Zip Code  
94301

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21125**

Amount of Each Disbursement this Period

660.50

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21070

Amount of Each Disbursement this Period

156.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21071

Amount of Each Disbursement this Period

156.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21072

Amount of Each Disbursement this Period

156.72

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DOUBLETREE HOTEL AND SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21073

Amount of Each Disbursement this Period

156.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ECHELON BUSINESS SERVICES, INC.**

Mailing Address 7755 HICKMAN RD

City URBANDALE State IA Zip Code 50322

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21126

Amount of Each Disbursement this Period

450.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21074

Amount of Each Disbursement this Period

151.58

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21075

Amount of Each Disbursement this Period

151.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21076

Amount of Each Disbursement this Period

151.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21077

Amount of Each Disbursement this Period

151.58

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21078

Amount of Each Disbursement this Period

16.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GRAND HOTEL**

Mailing Address 286 GRAND AVE

City  
MACKINAC ISLAND

State  
MI

Zip Code  
49757

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21079

Amount of Each Disbursement this Period

1458.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21080

Amount of Each Disbursement this Period

305.47

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21081

Amount of Each Disbursement this Period

293.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21082

Amount of Each Disbursement this Period

7.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21083

Amount of Each Disbursement this Period

305.47

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21084

Amount of Each Disbursement this Period

305.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21085

Amount of Each Disbursement this Period

293.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21086

Amount of Each Disbursement this Period

916.41

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 5050 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21087

Amount of Each Disbursement this Period

587.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21114

Amount of Each Disbursement this Period

616.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21115

Amount of Each Disbursement this Period

616.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5051 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21118

Amount of Each Disbursement this Period

1239.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21088

Amount of Each Disbursement this Period

137.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE INN AT STONECLIFFE**

Mailing Address P.O. BOX 338

City State Zip Code  
MACKINAC ISLAND MI 49757

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21089

Amount of Each Disbursement this Period

-372.08

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER CONFERENCE**

Mailing Address 275 SACRAMENTO ST

City State Zip Code  
SAN FRANCISCO CA 94115

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21108

Amount of Each Disbursement this Period

241.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALDORF ASTORIA HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21116

Amount of Each Disbursement this Period

6915.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALL STREET JOURNAL**

Mailing Address 200 LIBERTY ST

City State Zip Code  
NEW YORK NY 10281

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21122

Amount of Each Disbursement this Period

28.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21090**

Amount of Each Disbursement this Period

94.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21103**

Amount of Each Disbursement this Period

59.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
**STAMFORD**

State  
**CT**

Zip Code  
**06902**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21091**

Amount of Each Disbursement this Period

622.16

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21092

Amount of Each Disbursement this Period

193.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21093

Amount of Each Disbursement this Period

193.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21094

Amount of Each Disbursement this Period

193.66

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5055 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21095**

Amount of Each Disbursement this Period

193.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21096**

Amount of Each Disbursement this Period

193.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I21097**

Amount of Each Disbursement this Period

554.90

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21098

Amount of Each Disbursement this Period

229.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21099

Amount of Each Disbursement this Period

193.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21100

Amount of Each Disbursement this Period

622.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21101

Amount of Each Disbursement this Period

-311.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21102

Amount of Each Disbursement this Period

-311.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTLAKE VILLAGE INN**

Mailing Address 31943 AGOURA RD

City  
WESTLAKE VILLAGE

State  
CA

Zip Code  
91361

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21123

Amount of Each Disbursement this Period

56.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTLAKE VILLAGE INN**

Mailing Address 31943 AGOURA RD

City WESTLAKE VILLAGE State CA Zip Code 91361

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I21124

Amount of Each Disbursement this Period

8718.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I10376

Amount of Each Disbursement this Period

24.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10415

Amount of Each Disbursement this Period

21.34

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

46.29

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ADOBE SYSTEMS INC**

Mailing Address 345 PARK AVE

City  
SAN JOSE

State  
CA

Zip Code  
95110

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I24401

Amount of Each Disbursement this Period

21.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10416

Amount of Each Disbursement this Period

499.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ART-TECH PROMOTIONALS**

Mailing Address 3310 PONCE DE LEON BLVD STE 270

City  
CORAL GABLES

State  
FL

Zip Code  
33134

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I20975

Amount of Each Disbursement this Period

267.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

499.46

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CMG PRODUCTS**

Mailing Address 6325 CORAL WAY

City State Zip Code  
MIAMI FL 33155

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I20976

Amount of Each Disbursement this Period

153.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I20972

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I20974

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10417

Amount of Each Disbursement this Period

176.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21042

Amount of Each Disbursement this Period

176.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10418

Amount of Each Disbursement this Period

1134.89

☐ Memo Item

Subtotal Of Receipts This Page (optional)..... 1311.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21260

Amount of Each Disbursement this Period

515.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21261

Amount of Each Disbursement this Period

35.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BWI TAXI SERVICE**

Mailing Address P.O. BOX 25

City LINTHICUM HEIGHTS State MD Zip Code 21090

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21257

Amount of Each Disbursement this Period

26.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21262

Amount of Each Disbursement this Period

260.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21259

Amount of Each Disbursement this Period

28.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21263

Amount of Each Disbursement this Period

37.45

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I21254**

Amount of Each Disbursement this Period

5.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I21255**

Amount of Each Disbursement this Period

11.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I21256**

Amount of Each Disbursement this Period

6.31

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21258

Amount of Each Disbursement this Period

11.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21264

Amount of Each Disbursement this Period

20.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21265

Amount of Each Disbursement this Period

17.86

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21266

Amount of Each Disbursement this Period

18.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21268

Amount of Each Disbursement this Period

22.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21269

Amount of Each Disbursement this Period

6.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10419

Amount of Each Disbursement this Period

1682.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City

ATLANTA

State

GA

Zip Code

30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21402

Amount of Each Disbursement this Period

379.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City

ATLANTA

State

GA

Zip Code

30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21403

Amount of Each Disbursement this Period

39.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1682.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I21404**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I21410**

Amount of Each Disbursement this Period

955.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I21406**

Amount of Each Disbursement this Period

2.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21408

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21407

Amount of Each Disbursement this Period

168.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21405

Amount of Each Disbursement this Period

40.92

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21409

Amount of Each Disbursement this Period

10.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21411

Amount of Each Disbursement this Period

10.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10420

Amount of Each Disbursement this Period

160.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

160.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BASECAMP**

Mailing Address 1201 W WASHINGTON BLVD

City  
CHICAGO

State  
IL

Zip Code  
60607

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21640

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10421

Amount of Each Disbursement this Period

929.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CVS**

Mailing Address 1 CVS DR.

City  
WOONSOCKET

State  
RI

Zip Code  
02895

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21710

Amount of Each Disbursement this Period

56.26

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

929.54

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5072 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I21708**

Amount of Each Disbursement this Period

157.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I21714**

Amount of Each Disbursement this Period

244.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I21711**

Amount of Each Disbursement this Period

412.02

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5073 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21712

Amount of Each Disbursement this Period

8.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City State Zip Code  
DEERFIELD IL 60015

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21709

Amount of Each Disbursement this Period

12.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I10422

Amount of Each Disbursement this Period

187.61

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

187.61

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5074 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LEO'S PIZZA**

Mailing Address 6720 CORAL WAY

City State Zip Code  
MIAMI FL 33155

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21831

Amount of Each Disbursement this Period

40.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City State Zip Code  
WASHINGTON DC 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21829

Amount of Each Disbursement this Period

126.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City State Zip Code  
LEXINGTON MA 02421

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I21830

Amount of Each Disbursement this Period

19.98

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5075 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10441

Amount of Each Disbursement this Period

1441.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. D'ANDREA VISUAL COMMUNICATIONS**

Mailing Address 6100 GATEWAY DR.

City CYPRESS State CA Zip Code 90630

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I20979

Amount of Each Disbursement this Period

1228.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I20978

Amount of Each Disbursement this Period

211.33

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1441.36

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5076 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10442

Amount of Each Disbursement this Period

197.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City

ATLANTA

State

GA

Zip Code

30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21045

Amount of Each Disbursement this Period

17.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City

TULSA

State

OK

Zip Code

74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21043

Amount of Each Disbursement this Period

3.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

197.99

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21044

Amount of Each Disbursement this Period

177.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10443

Amount of Each Disbursement this Period

245.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City PHOENIX State AZ Zip Code 85054

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21127

Amount of Each Disbursement this Period

245.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

245.28

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10444

Amount of Each Disbursement this Period

356.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City

BETHESDA

State

MD

Zip Code

20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21274

Amount of Each Disbursement this Period

23.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City

BETHESDA

State

MD

Zip Code

20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21275

Amount of Each Disbursement this Period

143.51

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

356.63

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5079 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21276

Amount of Each Disbursement this Period

30.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10445

Amount of Each Disbursement this Period

2627.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21413

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2627.10

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5080 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I21419**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I21422**

Amount of Each Disbursement this Period

313.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I21423**

Amount of Each Disbursement this Period

335.68

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5081 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21424

Amount of Each Disbursement this Period

280.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21420

Amount of Each Disbursement this Period

8.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21421

Amount of Each Disbursement this Period

2.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21425

Amount of Each Disbursement this Period

200.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL'S**

Mailing Address 8000 BENT BRANCH DR.

City State Zip Code  
IRVING TX 75063

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21415

Amount of Each Disbursement this Period

80.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PIZZA RANCH**

Mailing Address 1709 N JEFFERSON WAY

City State Zip Code  
INDIANOLA IA 50125

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21417

Amount of Each Disbursement this Period

950.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PIZZA RANCH**

Mailing Address 1709 N JEFFERSON WAY

City  
INDIANOLA

State  
IA

Zip Code  
50125

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I21418**

Amount of Each Disbursement this Period

131.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US AIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City  
TEMPE

State  
AZ

Zip Code  
85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I21416**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I10446**

Amount of Each Disbursement this Period

421.83

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

421.83

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21527

Amount of Each Disbursement this Period

140.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21528

Amount of Each Disbursement this Period

140.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21529

Amount of Each Disbursement this Period

140.61

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10447

Amount of Each Disbursement this Period

64.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CVS**

Mailing Address 1 CVS DR.

City

WOONSOCKET

State

RI

Zip Code

02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21553

Amount of Each Disbursement this Period

64.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10448

Amount of Each Disbursement this Period

108.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

172.12

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMPAIGN MONITOR**

Mailing Address 217 2ND ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94105

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21641

Amount of Each Disbursement this Period

29.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10449

Amount of Each Disbursement this Period

278.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXPEDIA INC.**

Mailing Address 333 108TH AVE NE

City  
BELLEVUE

State  
WA

Zip Code  
98004

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21720

Amount of Each Disbursement this Period

166.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

278.76

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KUM & GO**

Mailing Address 822 1ST AVE

City  
CORALVILLE

State  
IA

Zip Code  
52241

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21719

Amount of Each Disbursement this Period

41.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21718

Amount of Each Disbursement this Period

49.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I10450

Amount of Each Disbursement this Period

607.83

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

607.83

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. APPLE STORE**

Mailing Address 1 INFINITE LOOP

City  
CUPERTINO

State  
CA

Zip Code  
95014

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I21833**

Amount of Each Disbursement this Period

116.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. APPLE STORE**

Mailing Address 1 INFINITE LOOP

City  
CUPERTINO

State  
CA

Zip Code  
95014

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I21834**

Amount of Each Disbursement this Period

116.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CITRIX**

Mailing Address 851 W CYPRESS CREEK RD

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33309

Purpose of Disbursement  
TELECONFERENCING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I21837**

Amount of Each Disbursement this Period

249.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21832

Amount of Each Disbursement this Period

39.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City LEXINGTON State MA Zip Code 02421

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I21836

Amount of Each Disbursement this Period

46.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I10467

Amount of Each Disbursement this Period

1386.94

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1386.94

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I20982

Amount of Each Disbursement this Period

652.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I20983

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CVS**

Mailing Address 1 CVS DR.

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I20986

Amount of Each Disbursement this Period

33.68

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I20985

Amount of Each Disbursement this Period

411.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I20984

Amount of Each Disbursement this Period

184.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SPEEDWAY**

Mailing Address P.O. BOX 1500

City SPRINGFIELD State OH Zip Code 45501

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I20981

Amount of Each Disbursement this Period

12.24

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I20980**

Amount of Each Disbursement this Period

15.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I20987**

Amount of Each Disbursement this Period

8.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I20988**

Amount of Each Disbursement this Period

6.83

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I20990

Amount of Each Disbursement this Period

18.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I10468

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21046

Amount of Each Disbursement this Period

1.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I10469**

Amount of Each Disbursement this Period

84.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AT&T**

Mailing Address 208 S AKARD ST

City

DALLAS

State

TX

Zip Code

75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21129**

Amount of Each Disbursement this Period

55.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALL STREET JOURNAL**

Mailing Address 200 LIBERTY ST

City

NEW YORK

State

NY

Zip Code

10281

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21128**

Amount of Each Disbursement this Period

28.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

84.76

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I10470**

Amount of Each Disbursement this Period

232.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City

DALLAS

State

TX

Zip Code

75240

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21179**

Amount of Each Disbursement this Period

10.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City

MCLEAN

State

VA

Zip Code

22102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21180**

Amount of Each Disbursement this Period

21.39

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

232.36

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21181**

Amount of Each Disbursement this Period

167.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I10471**

Amount of Each Disbursement this Period

1385.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21287**

Amount of Each Disbursement this Period

449.87

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1385.24

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21285

Amount of Each Disbursement this Period

314.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21279

Amount of Each Disbursement this Period

27.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City State Zip Code  
BOHEMIA NY 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21283

Amount of Each Disbursement this Period

45.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City BOHEMIA State NY Zip Code 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21284

Amount of Each Disbursement this Period

55.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21280

Amount of Each Disbursement this Period

7.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21281

Amount of Each Disbursement this Period

12.72

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21282

Amount of Each Disbursement this Period

13.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21286

Amount of Each Disbursement this Period

26.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21289

Amount of Each Disbursement this Period

76.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WYNDHAM HOTEL GROUPS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21277

Amount of Each Disbursement this Period

275.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WYNDHAM HOTEL GROUPS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21278

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I10472

Amount of Each Disbursement this Period

1315.76

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1315.76

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21428

Amount of Each Disbursement this Period

323.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21429

Amount of Each Disbursement this Period

472.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21427

Amount of Each Disbursement this Period

328.64

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21432

Amount of Each Disbursement this Period

162.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21430

Amount of Each Disbursement this Period

14.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I10473

Amount of Each Disbursement this Period

97.33

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

97.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City  
**BOHEMIA**

State  
**NY**

Zip Code  
**11716**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : **SB23.I21491**

Amount of Each Disbursement this Period

70.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City  
**DEERFIELD**

State  
**IL**

Zip Code  
**60015**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : **SB23.I21492**

Amount of Each Disbursement this Period

27.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : **SB23.I10474**

Amount of Each Disbursement this Period

49.50

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

49.50

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I10475

Amount of Each Disbursement this Period

2119.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BOSTON--PARKING**

Mailing Address 1 HARBORSIDE DRIVE STE 200S

City

EAST BOSTON

State

MA

Zip Code

02128

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21733

Amount of Each Disbursement this Period

24.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City

IRVING

State

TX

Zip Code

75039

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21721

Amount of Each Disbursement this Period

25.90

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2119.57

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21728**

Amount of Each Disbursement this Period

45.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21738**

Amount of Each Disbursement this Period

10.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21739**

Amount of Each Disbursement this Period

2.14

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21737

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA CITY OK 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21732

Amount of Each Disbursement this Period

425.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA CITY OK 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21743

Amount of Each Disbursement this Period

31.30

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21729

Amount of Each Disbursement this Period

618.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21730

Amount of Each Disbursement this Period

552.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21731

Amount of Each Disbursement this Period

26.40

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OMNI SHOREHAM HOTEL**

Mailing Address 2500 CALVERT ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20008

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21740**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OMNI SHOREHAM HOTEL**

Mailing Address 2500 CALVERT ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20008

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21742**

Amount of Each Disbursement this Period

197.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21741**

Amount of Each Disbursement this Period

17.21

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21734

Amount of Each Disbursement this Period

7.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21735

Amount of Each Disbursement this Period

7.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21736

Amount of Each Disbursement this Period

8.77

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I10476**

Amount of Each Disbursement this Period

389.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LEO'S PIZZA**

Mailing Address 6720 CORAL WAY

City MIAMI State FL Zip Code 33155

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21843**

Amount of Each Disbursement this Period

36.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I21841**

Amount of Each Disbursement this Period

26.74

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

389.21

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21838

Amount of Each Disbursement this Period

49.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21839

Amount of Each Disbursement this Period

173.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21840

Amount of Each Disbursement this Period

98.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I21842

Amount of Each Disbursement this Period

4.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I10491

Amount of Each Disbursement this Period

162.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I20994

Amount of Each Disbursement this Period

23.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

162.70

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5113 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I20991

Amount of Each Disbursement this Period

127.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I20992

Amount of Each Disbursement this Period

6.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I20993

Amount of Each Disbursement this Period

5.37

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5114 / 5419

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I10492**

Amount of Each Disbursement this Period

3683.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21136**

Amount of Each Disbursement this Period

797.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21137**

Amount of Each Disbursement this Period

797.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3683.93

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
**DALLAS**

State  
**TX**

Zip Code  
**75261**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21138**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHOICE HOTELS GROUP**

Mailing Address 6811 EAST MAYO BLVD STE 100

City  
**PHOENIX**

State  
**AZ**

Zip Code  
**85054**

Purpose of Disbursement  
**LODGING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21133**

Amount of Each Disbursement this Period

94.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CLOSE.IO**

Mailing Address 501 FOREST AVE SUITE 1201

City  
**PALO ALTO**

State  
**CA**

Zip Code  
**94301**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21135**

Amount of Each Disbursement this Period

842.82

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 5116 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21132

Amount of Each Disbursement this Period

355.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21134

Amount of Each Disbursement this Period

277.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NEVADA DAY INC**

Mailing Address P.O. BOX 999

City State Zip Code  
CARSON CITY NV 89702

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21130

Amount of Each Disbursement this Period

400.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21131**

Amount of Each Disbursement this Period

69.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I10493**

Amount of Each Disbursement this Period

35.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
**STAMFORD**

State  
**CT**

Zip Code  
**06902**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21182**

Amount of Each Disbursement this Period

12.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

35.40

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I10494

Amount of Each Disbursement this Period

550.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City

CHARLOTTE

State

NC

Zip Code

28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21295

Amount of Each Disbursement this Period

214.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City

MIAMI

State

FL

Zip Code

33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21294

Amount of Each Disbursement this Period

31.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

550.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5119 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI CHARGE-DC**

Mailing Address 465 UTICA AVE

City  
**BROOKLYN**

State  
**NY**

Zip Code  
**11203**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : **SB23.I21291**

Amount of Each Disbursement this Period

13.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TAXI CHARGE-DC**

Mailing Address 465 UTICA AVE

City  
**BROOKLYN**

State  
**NY**

Zip Code  
**11203**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : **SB23.I21293**

Amount of Each Disbursement this Period

21.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City  
**BOHEMIA**

State  
**NY**

Zip Code  
**11716**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : **SB23.I21290**

Amount of Each Disbursement this Period

46.84

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21292**

Amount of Each Disbursement this Period

32.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21296**

Amount of Each Disbursement this Period

6.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21297**

Amount of Each Disbursement this Period

6.32

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21298

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21300

Amount of Each Disbursement this Period

100.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21302

Amount of Each Disbursement this Period

13.83

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21303

Amount of Each Disbursement this Period

7.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I10495

Amount of Each Disbursement this Period

96.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21437

Amount of Each Disbursement this Period

35.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

96.53

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21434

Amount of Each Disbursement this Period

20.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21436

Amount of Each Disbursement this Period

18.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21433

Amount of Each Disbursement this Period

9.91

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21435

Amount of Each Disbursement this Period

11.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I10496

Amount of Each Disbursement this Period

220.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21497

Amount of Each Disbursement this Period

58.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

220.38

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30320**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21496**

Amount of Each Disbursement this Period

126.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City  
**DALLAS**

State  
**TX**

Zip Code  
**75240**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21493**

Amount of Each Disbursement this Period

8.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City  
**DALLAS**

State  
**TX**

Zip Code  
**75240**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I21494**

Amount of Each Disbursement this Period

2.45

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I21495**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I10497**

Amount of Each Disbursement this Period

58.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 30 2015

**Transaction ID : SB23.I10498**

Amount of Each Disbursement this Period

214.68

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

272.68

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21664

Amount of Each Disbursement this Period

214.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I10499

Amount of Each Disbursement this Period

722.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City  
ITASCA

State  
IL

Zip Code  
60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21748

Amount of Each Disbursement this Period

22.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

722.39

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21744

Amount of Each Disbursement this Period

202.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21745

Amount of Each Disbursement this Period

202.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21746

Amount of Each Disbursement this Period

171.93

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I21749

Amount of Each Disbursement this Period

31.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I10500

Amount of Each Disbursement this Period

57.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I10523

Amount of Each Disbursement this Period

21.34

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

78.34

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ADOBE SYSTEMS INC**

Mailing Address **345 PARK AVE**

City  
**SAN JOSE**

State  
**CA**

Zip Code  
**95110**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: **2016**

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

**11** / **06** / **2015**

**Transaction ID : SB23.I24402**

Amount of Each Disbursement this Period

**21.34**

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address **P.O. BOX 2557**

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: **2016**

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

**11** / **06** / **2015**

**Transaction ID : SB23.I10524**

Amount of Each Disbursement this Period

**626.60**

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address **P.O. BOX 619616**

City  
**DALLAS**

State  
**TX**

Zip Code  
**75261**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: **2016**

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

**11** / **06** / **2015**

**Transaction ID : SB23.I20995**

Amount of Each Disbursement this Period

**243.10**

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

**626.60**

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I20998**

Amount of Each Disbursement this Period

168.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FOUR POINTS**

Mailing Address 10249 W IRVING PARK RD

City SCHILLER PARK State IL Zip Code 60176

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21001**

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PARTY CITY**

Mailing Address 25 GREEN POND ROAD

City ROCKAWAY State NJ Zip Code 07866

Purpose of Disbursement  
CREDIT-OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I20997**

Amount of Each Disbursement this Period

-5.29

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PARTY CITY**

Mailing Address 25 GREEN POND ROAD

City State Zip Code  
ROCKAWAY NJ 07866

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I20999

Amount of Each Disbursement this Period

36.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PARTY CITY**

Mailing Address 25 GREEN POND ROAD

City State Zip Code  
ROCKAWAY NJ 07866

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21000

Amount of Each Disbursement this Period

5.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I20996

Amount of Each Disbursement this Period

8.57

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21003

Amount of Each Disbursement this Period

8.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City State Zip Code  
BENTONVILLE AR 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21002

Amount of Each Disbursement this Period

28.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I10525

Amount of Each Disbursement this Period

170.62

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

170.62

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CVS**

Mailing Address 1 CVS DR.

City  
WOONSOCKET

State  
RI

Zip Code  
02895

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21051

Amount of Each Disbursement this Period

3.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City  
TULSA

State  
OK

Zip Code  
74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21047

Amount of Each Disbursement this Period

35.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City  
TULSA

State  
OK

Zip Code  
74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21049

Amount of Each Disbursement this Period

84.14

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10526**

Amount of Each Disbursement this Period

2730.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALLEGIANT AIR**

Mailing Address 8360 S DURANGO DR.

City

LAS VEGAS

State

NV

Zip Code

89113

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21139**

Amount of Each Disbursement this Period

89.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City

ATLANTA

State

GA

Zip Code

30346

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21146**

Amount of Each Disbursement this Period

134.21

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2730.87

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21147

Amount of Each Disbursement this Period

134.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SCE&G**

Mailing Address P.O. BOX 100255

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21141

Amount of Each Disbursement this Period

603.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SCE&G**

Mailing Address P.O. BOX 100255

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21142

Amount of Each Disbursement this Period

603.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SCE&G**

Mailing Address P.O. BOX 100255

City  
COLUMBIA

State  
SC

Zip Code  
29202

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21143**

Amount of Each Disbursement this Period

348.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE BUCCANEER**

Mailing Address 5007 ESTATE SHOYS

City  
CHRISTIANSTED

State  
VI

Zip Code  
99999

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21140**

Amount of Each Disbursement this Period

284.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE BUCCANEER**

Mailing Address 5007 ESTATE SHOYS

City  
CHRISTIANSTED

State  
VI

Zip Code  
99999

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21145**

Amount of Each Disbursement this Period

68.37

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21148

Amount of Each Disbursement this Period

345.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I10527

Amount of Each Disbursement this Period

120.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I10528

Amount of Each Disbursement this Period

605.38

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

725.47

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21309

Amount of Each Disbursement this Period

429.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City MIAMI State FL Zip Code 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21308

Amount of Each Disbursement this Period

30.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21305

Amount of Each Disbursement this Period

15.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21306

Amount of Each Disbursement this Period

11.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21307

Amount of Each Disbursement this Period

34.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21310

Amount of Each Disbursement this Period

7.21

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21311

Amount of Each Disbursement this Period

6.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21312

Amount of Each Disbursement this Period

20.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21313

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10529**

Amount of Each Disbursement this Period

1675.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21450**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CVS**

Mailing Address 1 CVS DR.

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21455**

Amount of Each Disbursement this Period

135.55

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1675.20

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21442

Amount of Each Disbursement this Period

732.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FOUR POINTS**

Mailing Address 10249 W IRVING PARK RD

City SCHILLER PARK State IL Zip Code 60176

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21443

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21448

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TARGET**

Mailing Address 1000 NICOLLET MALL

City  
MINNEAPOLIS

State  
MN

Zip Code  
55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21454**

Amount of Each Disbursement this Period

18.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21438**

Amount of Each Disbursement this Period

21.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21439**

Amount of Each Disbursement this Period

21.52

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21449**

Amount of Each Disbursement this Period

20.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21452**

Amount of Each Disbursement this Period

9.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21453**

Amount of Each Disbursement this Period

19.42

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21440**

Amount of Each Disbursement this Period

116.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21444**

Amount of Each Disbursement this Period

112.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21445**

Amount of Each Disbursement this Period

84.27

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21446

Amount of Each Disbursement this Period

78.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WESTIN HOTELS**

Mailing Address 1 STAR POINT

City  
STAMFORD

State  
CT

Zip Code  
06902

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21447

Amount of Each Disbursement this Period

59.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I10530

Amount of Each Disbursement this Period

765.48

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

765.48

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21511

Amount of Each Disbursement this Period

10.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21505

Amount of Each Disbursement this Period

78.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21506

Amount of Each Disbursement this Period

6.44

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21501

Amount of Each Disbursement this Period

255.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21503

Amount of Each Disbursement this Period

46.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21509

Amount of Each Disbursement this Period

119.96

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21510**

Amount of Each Disbursement this Period

119.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21504**

Amount of Each Disbursement this Period

4.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
**HOUSTON**

State  
**TX**

Zip Code  
**77002**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21508**

Amount of Each Disbursement this Period

23.94

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I10531

Amount of Each Disbursement this Period

921.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BASECAMP**

Mailing Address 1201 W WASHINGTON BLVD

City

CHICAGO

State

IL

Zip Code

60607

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21651

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMPAIGN GRAPHICS**

Mailing Address 1229 N WAKONDA ST

City

FLAGSTAFF

State

AZ

Zip Code

86004

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21650

Amount of Each Disbursement this Period

493.33

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

921.87

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21649

Amount of Each Disbursement this Period

5.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OPTIMIZER HQ**

Mailing Address 16 ANZAC AVE

City AUCKLAND State FF Zip Code 99999

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21648

Amount of Each Disbursement this Period

189.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I10532

Amount of Each Disbursement this Period

545.03

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

545.03

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21760

Amount of Each Disbursement this Period

54.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HERTZ**

Mailing Address 1450 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21757

Amount of Each Disbursement this Period

2.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21753

Amount of Each Disbursement this Period

255.06

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21758

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LOWES**

Mailing Address 222 S RIVER RD

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21752

Amount of Each Disbursement this Period

19.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City NORTH CONWAY State NH Zip Code 03860

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I21754

Amount of Each Disbursement this Period

107.91

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I10533**

Amount of Each Disbursement this Period

452.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LEO'S PIZZA**

Mailing Address 6720 CORAL WAY

City

MIAMI

State

FL

Zip Code

33155

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21848**

Amount of Each Disbursement this Period

330.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City

WASHINGTON

State

DC

Zip Code

20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21847**

Amount of Each Disbursement this Period

40.25

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

452.26

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21845**

Amount of Each Disbursement this Period

4.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I21846**

Amount of Each Disbursement this Period

77.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I10569**

Amount of Each Disbursement this Period

2082.22

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2082.22

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21010

Amount of Each Disbursement this Period

81.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21009

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAJIC PRODUCTIONS**

Mailing Address 21365 GATEWAY CT #100

City BROOKFIELD State WI Zip Code 53045

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21013

Amount of Each Disbursement this Period

1633.06

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21007**

Amount of Each Disbursement this Period

162.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NORTH CONWAY GRAND HOTEL**

Mailing Address 72 COMMON CT

City State Zip Code  
NORTH CONWAY NH 03860

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21012**

Amount of Each Disbursement this Period

8.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PARTY CITY**

Mailing Address 25 GREEN POND ROAD

City State Zip Code  
ROCKAWAY NJ 07866

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21005**

Amount of Each Disbursement this Period

5.29

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21004**

Amount of Each Disbursement this Period

25.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SUNOCO**

Mailing Address 97 DARLING AVE

City  
**SOUTH PORTLAND**

State  
**ME**

Zip Code  
**04106**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21008**

Amount of Each Disbursement this Period

7.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21011**

Amount of Each Disbursement this Period

8.37

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21006

Amount of Each Disbursement this Period

3.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21014

Amount of Each Disbursement this Period

56.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10570

Amount of Each Disbursement this Period

5.79

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5.79

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10571

Amount of Each Disbursement this Period

820.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21150

Amount of Each Disbursement this Period

606.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SCE&G**

Mailing Address P.O. BOX 100255

City

COLUMBIA

State

SC

Zip Code

29202

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21149

Amount of Each Disbursement this Period

214.29

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

820.39

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10572

Amount of Each Disbursement this Period

163.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21314

Amount of Each Disbursement this Period

39.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21315

Amount of Each Disbursement this Period

9.65

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

163.03

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21316**

Amount of Each Disbursement this Period

7.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21317**

Amount of Each Disbursement this Period

14.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21318**

Amount of Each Disbursement this Period

13.08

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21319

Amount of Each Disbursement this Period

6.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21320

Amount of Each Disbursement this Period

7.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21321

Amount of Each Disbursement this Period

17.20

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21322

Amount of Each Disbursement this Period

13.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21323

Amount of Each Disbursement this Period

32.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10573

Amount of Each Disbursement this Period

1044.67

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1044.67

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21458**

Amount of Each Disbursement this Period

435.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON AMERICAN GRILL**

Mailing Address 12245 KATY FWY

City HOUSTON State TX Zip Code 77079

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21457**

Amount of Each Disbursement this Period

602.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SUNOCO**

Mailing Address 97 DARLING AVE

City SOUTH PORTLAND State ME Zip Code 04106

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21456**

Amount of Each Disbursement this Period

6.97

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10574

Amount of Each Disbursement this Period

1231.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BUDGET CAR RENTAL**

Mailing Address 6 SYLVAN WAY

City

PARSIPPANY

State

NJ

Zip Code

07054

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21517

Amount of Each Disbursement this Period

537.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City

BETHESDA

State

MD

Zip Code

20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21514

Amount of Each Disbursement this Period

390.22

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1231.13

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RESIDENCE INN**

Mailing Address 100 DEER ST

City  
PORTSMOUTH

State  
NH

Zip Code  
03801

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21518

Amount of Each Disbursement this Period

118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RESIDENCE INN**

Mailing Address 100 DEER ST

City  
PORTSMOUTH

State  
NH

Zip Code  
03801

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21519

Amount of Each Disbursement this Period

118.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10575

Amount of Each Disbursement this Period

271.45

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

271.45

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BELLAGIO HOTEL AND CASINO**

Mailing Address 3600 S LAS VEGAS BLVD

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21530

Amount of Each Disbursement this Period

66.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City  
AMARILLO

State  
TX

Zip Code  
79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21533

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City  
AMARILLO

State  
TX

Zip Code  
79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21534

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VENETIAN HOTEL**

Mailing Address 3355 LAS VEGAS BLVD S

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21531

Amount of Each Disbursement this Period

105.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10576

Amount of Each Disbursement this Period

178.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CAMPAIGN MONITOR**

Mailing Address 217 2ND ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94105

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21652

Amount of Each Disbursement this Period

99.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

178.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I10577**

Amount of Each Disbursement this Period

228.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City CANTON State MA Zip Code 02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21766**

Amount of Each Disbursement this Period

78.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21763**

Amount of Each Disbursement this Period

0.05

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

228.67

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WOLFEBORO INN**

Mailing Address 90 N MAIN ST

City  
WOLFEBORO

State  
NH

Zip Code  
03894

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21764

Amount of Each Disbursement this Period

105.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I10578

Amount of Each Disbursement this Period

559.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JIMMY JOHN'S**

Mailing Address 2212 FOX DR.

City  
CHAMPAIGN

State  
IL

Zip Code  
61820

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21859

Amount of Each Disbursement this Period

37.05

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

559.78

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JIMMY JOHN'S**

Mailing Address 2212 FOX DR.

City  
CHAMPAIGN

State  
IL

Zip Code  
61820

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21860**

Amount of Each Disbursement this Period

103.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City  
BOCA RATON

State  
FL

Zip Code  
33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21858**

Amount of Each Disbursement this Period

80.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
CREDIT-PRINTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I21849**

Amount of Each Disbursement this Period

-46.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21850

Amount of Each Disbursement this Period

46.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21851

Amount of Each Disbursement this Period

46.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21852

Amount of Each Disbursement this Period

46.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21853

Amount of Each Disbursement this Period

46.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21854

Amount of Each Disbursement this Period

46.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21855

Amount of Each Disbursement this Period

46.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21856

Amount of Each Disbursement this Period

46.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21857

Amount of Each Disbursement this Period

46.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City  
BENTONVILLE

State  
AR

Zip Code  
72716

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I21861

Amount of Each Disbursement this Period

9.51

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I10608

Amount of Each Disbursement this Period

830.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21025

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21026

Amount of Each Disbursement this Period

133.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

830.29

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21027**

Amount of Each Disbursement this Period

265.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21024**

Amount of Each Disbursement this Period

69.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SPEEDWAY**

Mailing Address P.O. BOX 1500

City SPRINGFIELD State OH Zip Code 45501

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21019**

Amount of Each Disbursement this Period

45.07

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I10609

Amount of Each Disbursement this Period

287.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City

ATLANTA

State

GA

Zip Code

30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21053

Amount of Each Disbursement this Period

92.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City

TULSA

State

OK

Zip Code

74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21054

Amount of Each Disbursement this Period

59.37

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

287.93

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I10610

Amount of Each Disbursement this Period

650.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21151

Amount of Each Disbursement this Period

449.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CENTURY LINK**

Mailing Address P.O. BOX 2961

City

PHOENIX

State

AZ

Zip Code

85062

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21153

Amount of Each Disbursement this Period

148.54

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

650.74

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21152

Amount of Each Disbursement this Period

53.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I10611

Amount of Each Disbursement this Period

17.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I10612

Amount of Each Disbursement this Period

616.47

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

633.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21341

Amount of Each Disbursement this Period

242.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21325

Amount of Each Disbursement this Period

40.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTERCONTINENTAL HOTELS GROUP**

Mailing Address 3 RAVINIA DR. ST 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21326

Amount of Each Disbursement this Period

3.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21334

Amount of Each Disbursement this Period

88.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City State Zip Code  
MIAMI FL 33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21335

Amount of Each Disbursement this Period

27.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAXI CHARGE-DC**

Mailing Address 465 UTICA AVE

City State Zip Code  
BROOKLYN NY 11203

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21329

Amount of Each Disbursement this Period

20.03

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI CHARGE-DC**

Mailing Address 465 UTICA AVE

City  
**BROOKLYN**

State  
**NY**

Zip Code  
**11203**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21333**

Amount of Each Disbursement this Period

43.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21327**

Amount of Each Disbursement this Period

13.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21328**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21330

Amount of Each Disbursement this Period

13.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21331

Amount of Each Disbursement this Period

22.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21332

Amount of Each Disbursement this Period

14.31

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21336**

Amount of Each Disbursement this Period

17.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21337**

Amount of Each Disbursement this Period

4.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21338**

Amount of Each Disbursement this Period

6.87

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21339

Amount of Each Disbursement this Period

5.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21340

Amount of Each Disbursement this Period

8.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21342

Amount of Each Disbursement this Period

6.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I10613

Amount of Each Disbursement this Period

132.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21459

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21460

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

132.09

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
**DALLAS**

State  
**TX**

Zip Code  
**75261**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21462**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City  
**ST. LOUIS**

State  
**MO**

Zip Code  
**63105**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21463**

Amount of Each Disbursement this Period

8.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94103**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21461**

Amount of Each Disbursement this Period

8.18

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21464

Amount of Each Disbursement this Period

10.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I10614

Amount of Each Disbursement this Period

239.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City  
ATLANTA

State  
GA

Zip Code  
30346

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21521

Amount of Each Disbursement this Period

228.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

239.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I10615**

Amount of Each Disbursement this Period

1389.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21536**

Amount of Each Disbursement this Period

37.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21537**

Amount of Each Disbursement this Period

50.82

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1389.55

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21538**

Amount of Each Disbursement this Period

578.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21539**

Amount of Each Disbursement this Period

16.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21540**

Amount of Each Disbursement this Period

813.19

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VENETIAN HOTEL**

Mailing Address 3355 LAS VEGAS BLVD S

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
CREDIT-LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21535

Amount of Each Disbursement this Period

-105.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I10616

Amount of Each Disbursement this Period

178.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21561

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

178.37

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SPEEDWAY**

Mailing Address P.O. BOX 1500

City  
**SPRINGFIELD**

State  
**OH**

Zip Code  
**45501**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21566**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I10617**

Amount of Each Disbursement this Period

1012.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ALAMO CAR RENTAL**

Mailing Address 15 TRANSPORTATION WAY

City  
**EAST BOSTON**

State  
**MA**

Zip Code  
**02128**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21770**

Amount of Each Disbursement this Period

326.78

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1012.01

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21774

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21775

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYATT HOTELS**

Mailing Address 71 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21769

Amount of Each Disbursement this Period

136.68

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KUM & GO**

Mailing Address 822 1ST AVE

City  
CORALVILLE

State  
IA

Zip Code  
52241

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21767

Amount of Each Disbursement this Period

26.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21771

Amount of Each Disbursement this Period

144.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21773

Amount of Each Disbursement this Period

163.06

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I10618

Amount of Each Disbursement this Period

792.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CITRIX**

Mailing Address 851 W CYPRESS CREEK RD

City FORT LAUDERDALE State FL Zip Code 33309

Purpose of Disbursement  
TELECONFERENCING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21867

Amount of Each Disbursement this Period

249.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21863

Amount of Each Disbursement this Period

165.81

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

792.70

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LEO'S PIZZA**

Mailing Address 6720 CORAL WAY

City State Zip Code  
MIAMI FL 33155

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21862

Amount of Each Disbursement this Period

275.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City State Zip Code  
LEXINGTON MA 02421

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21866

Amount of Each Disbursement this Period

20.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City State Zip Code  
LEXINGTON MA 02421

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I21868

Amount of Each Disbursement this Period

19.99

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21864**

Amount of Each Disbursement this Period

27.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 702 SW 8TH ST

City  
**BENTONVILLE**

State  
**AR**

Zip Code  
**72716**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I21865**

Amount of Each Disbursement this Period

33.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I10619**

Amount of Each Disbursement this Period

19.20

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

19.20

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ADOBE SYSTEMS INC**

Mailing Address 345 PARK AVE

City  
SAN JOSE

State  
CA

Zip Code  
95110

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB23.I24403**

Amount of Each Disbursement this Period

19.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I10628**

Amount of Each Disbursement this Period

616.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21032**

Amount of Each Disbursement this Period

135.99

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

616.76

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EMBASSY SUITES**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21033

Amount of Each Disbursement this Period

135.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PRICELINE**

Mailing Address 800 CONNECTICUT AVE

City NORWALK State CT Zip Code 06854

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21030

Amount of Each Disbursement this Period

289.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21028

Amount of Each Disbursement this Period

12.69

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I10629

Amount of Each Disbursement this Period

318.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR.

City

MCLEAN

State

VA

Zip Code

22102

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21058

Amount of Each Disbursement this Period

88.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City

TULSA

State

OK

Zip Code

74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21057

Amount of Each Disbursement this Period

113.05

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

318.51

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUNOCO**

Mailing Address 97 DARLING AVE

City  
SOUTH PORTLAND

State  
ME

Zip Code  
04106

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21059

Amount of Each Disbursement this Period

23.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TARGET**

Mailing Address 1000 NICOLLET MALL

City  
MINNEAPOLIS

State  
MN

Zip Code  
55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21060

Amount of Each Disbursement this Period

93.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I10630

Amount of Each Disbursement this Period

679.09

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

679.09

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AT&T**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21155**

Amount of Each Disbursement this Period

55.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21154**

Amount of Each Disbursement this Period

244.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REPUBLICAN PARTY OF MINNESOTA**

Mailing Address 2200 E FRANKLIN AVE STE 20

City MINNEAPOLIS State MN Zip Code 55404

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21157**

Amount of Each Disbursement this Period

350.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WALL STREET JOURNAL**

Mailing Address 200 LIBERTY ST

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10281**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21156**

Amount of Each Disbursement this Period

28.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I10631**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City  
**LONG ISLAND CITY**

State  
**NY**

Zip Code  
**11101**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21190**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

35.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I10632

Amount of Each Disbursement this Period

1036.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DESERT CAB**

Mailing Address 4675 WYNN RD

City

LAS VEGAS

State

NV

Zip Code

89103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21344

Amount of Each Disbursement this Period

25.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City

MIAMI

State

FL

Zip Code

33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21354

Amount of Each Disbursement this Period

34.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1036.04

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City State Zip Code  
BOHEMIA NY 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21349

Amount of Each Disbursement this Period

8.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City State Zip Code  
BOHEMIA NY 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21350

Amount of Each Disbursement this Period

4.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City State Zip Code  
BOHEMIA NY 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21351

Amount of Each Disbursement this Period

9.80

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City BOHEMIA State NY Zip Code 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21352

Amount of Each Disbursement this Period

70.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TAXI NEW YORK**

Mailing Address 600 JOHNSON AVE

City BOHEMIA State NY Zip Code 11716

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21353

Amount of Each Disbursement this Period

47.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21343

Amount of Each Disbursement this Period

9.65

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5209 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21355

Amount of Each Disbursement this Period

6.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21356

Amount of Each Disbursement this Period

24.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

### C. WYNN LAS VEGAS

Mailing Address 3131 S LAS VEGAS BLVD

City State Zip Code  
LAS VEGAS NV 89109

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21348

Amount of Each Disbursement this Period

667.02

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5210 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I10633**

Amount of Each Disbursement this Period

1037.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21466**

Amount of Each Disbursement this Period

153.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City State Zip Code  
DALLAS TX 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21470**

Amount of Each Disbursement this Period

535.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1037.14

Total This Period (last page this line number only).....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 5211 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

Full Name (Last, First, Middle Initial)

### A. ENTERPRISE CAR RENTAL

Mailing Address 600 CORPORATE PARK DR.

City  
ST. LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21465

Amount of Each Disbursement this Period

302.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21468

Amount of Each Disbursement this Period

15.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21469

Amount of Each Disbursement this Period

9.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I10634**

Amount of Each Disbursement this Period

56.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City

CANTON

State

MA

Zip Code

02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21523**

Amount of Each Disbursement this Period

5.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City

FRAMINGHAM

State

MA

Zip Code

01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21524**

Amount of Each Disbursement this Period

33.84

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

56.08

**Total This Period (last page this line number only)**.....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I10635

Amount of Each Disbursement this Period

77.07

☐ Memo Item

## **B. CVS**

Mailing Address 1 CVS DR.

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21554

Amount of Each Disbursement this Period

54.56

☒ Memo Item

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I10636

Amount of Each Disbursement this Period

431.86

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

508.93

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 5214 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21568

Amount of Each Disbursement this Period

12.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21576

Amount of Each Disbursement this Period

67.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21579

Amount of Each Disbursement this Period

67.79

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21581

Amount of Each Disbursement this Period

67.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21584

Amount of Each Disbursement this Period

67.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JIMMY JOHN'S**

Mailing Address 2212 FOX DR.

City  
CHAMPAIGN

State  
IL

Zip Code  
61820

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21580

Amount of Each Disbursement this Period

8.32

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21574

Amount of Each Disbursement this Period

4.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STARBUCKS COFFEE**

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21573

Amount of Each Disbursement this Period

7.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I10637

Amount of Each Disbursement this Period

58.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

58.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I10638**

Amount of Each Disbursement this Period

501.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21780**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BP**

Mailing Address 640 SW 9TH ST

City

DES MOINES

State

IA

Zip Code

50309

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21778**

Amount of Each Disbursement this Period

8.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

501.45

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOME DEPOT**

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21777

Amount of Each Disbursement this Period

39.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARRIOTT INTERNATIONAL, INC**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21779

Amount of Each Disbursement this Period

154.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL'S**

Mailing Address 8000 BENT BRANCH DR.

City IRVING State TX Zip Code 75063

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21785

Amount of Each Disbursement this Period

16.85

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SPEEDWAY**

Mailing Address P.O. BOX 1500

City  
**SPRINGFIELD**

State  
**OH**

Zip Code  
**45501**

Purpose of Disbursement  
**GAS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21776**

Amount of Each Disbursement this Period

38.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TARGET**

Mailing Address 1000 NICOLLET MALL

City  
**MINNEAPOLIS**

State  
**MN**

Zip Code  
**55403**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I21784**

Amount of Each Disbursement this Period

93.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I10639**

Amount of Each Disbursement this Period

145.46

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

145.46

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JIMMY JOHN'S**

Mailing Address 2212 FOX DR.

City  
CHAMPAIGN

State  
IL

Zip Code  
61820

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21869

Amount of Each Disbursement this Period

70.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City  
LEXINGTON

State  
MA

Zip Code  
02421

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I21871

Amount of Each Disbursement this Period

17.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I10640

Amount of Each Disbursement this Period

49.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

49.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMPAIGN MONITOR**

Mailing Address 217 2ND ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94105

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I24404

Amount of Each Disbursement this Period

49.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I10669

Amount of Each Disbursement this Period

149.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City  
TULSA

State  
OK

Zip Code  
74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21061

Amount of Each Disbursement this Period

149.69

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

149.69

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I10670**

Amount of Each Disbursement this Period

2644.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21160**

Amount of Each Disbursement this Period

302.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21161**

Amount of Each Disbursement this Period

213.10

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2644.27

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CLOSE.IO**

Mailing Address 501 FOREST AVE SUITE 1201

City PALO ALTO State CA Zip Code 94301

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21159

Amount of Each Disbursement this Period

715.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST AIRLINES**

Mailing Address 4515 CORNELL ST

City AMARILLO State TX Zip Code 79109

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21162

Amount of Each Disbursement this Period

213.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WESTWAY VISUALS LLC**

Mailing Address 1883 N SMOKERISE WAY

City MT. PLEASANT State SC Zip Code 29466

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21158

Amount of Each Disbursement this Period

1200.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I10671

Amount of Each Disbursement this Period

355.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City

CHARLOTTE

State

NC

Zip Code

28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21357

Amount of Each Disbursement this Period

248.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City

SAN FRANCISCO

State

CA

Zip Code

94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21358

Amount of Each Disbursement this Period

5.83

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

355.41

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21359

Amount of Each Disbursement this Period

14.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21361

Amount of Each Disbursement this Period

36.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I10672

Amount of Each Disbursement this Period

567.73

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

567.73

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21472**

Amount of Each Disbursement this Period

483.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21476**

Amount of Each Disbursement this Period

4.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21475**

Amount of Each Disbursement this Period

49.95

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21471

Amount of Each Disbursement this Period

9.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21473

Amount of Each Disbursement this Period

10.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21474

Amount of Each Disbursement this Period

8.98

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I10673

Amount of Each Disbursement this Period

1087.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21541

Amount of Each Disbursement this Period

42.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City

DALLAS

State

TX

Zip Code

75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21542

Amount of Each Disbursement this Period

21.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

1087.47

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21543**

Amount of Each Disbursement this Period

16.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21544**

Amount of Each Disbursement this Period

675.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21545**

Amount of Each Disbursement this Period

332.20

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I10674

Amount of Each Disbursement this Period

252.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DUNKIN DONUTS**

Mailing Address 130 ROYALL ST

City

CANTON

State

MA

Zip Code

02021

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21557

Amount of Each Disbursement this Period

21.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FOUR POINTS**

Mailing Address 10249 W IRVING PARK RD

City

SCHILLER PARK

State

IL

Zip Code

60176

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21556

Amount of Each Disbursement this Period

133.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

252.56

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I10675**

Amount of Each Disbursement this Period

665.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. 7-ELEVEN**

Mailing Address 1722 ROUTH ST. STE 1000

City

DALLAS

State

TX

Zip Code

75201

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21607**

Amount of Each Disbursement this Period

16.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City

CHARLOTTE

State

NC

Zip Code

28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21587**

Amount of Each Disbursement this Period

67.79

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

665.39

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21590**

Amount of Each Disbursement this Period

67.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21591**

Amount of Each Disbursement this Period

67.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21594**

Amount of Each Disbursement this Period

67.79

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21601

Amount of Each Disbursement this Period

67.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21602

Amount of Each Disbursement this Period

67.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21605

Amount of Each Disbursement this Period

67.79

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JIMMY JOHN'S**

Mailing Address 2212 FOX DR.

City  
CHAMPAIGN

State  
IL

Zip Code  
61820

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21592

Amount of Each Disbursement this Period

6.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JIMMY JOHN'S**

Mailing Address 2212 FOX DR.

City  
CHAMPAIGN

State  
IL

Zip Code  
61820

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21606

Amount of Each Disbursement this Period

6.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City  
FINDLAY

State  
OH

Zip Code  
45840

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21604

Amount of Each Disbursement this Period

8.75

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OFFICE DEPOT**

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21589

Amount of Each Disbursement this Period

19.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SPEEDWAY**

Mailing Address P.O. BOX 1500

City SPRINGFIELD State OH Zip Code 45501

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21600

Amount of Each Disbursement this Period

15.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21599

Amount of Each Disbursement this Period

14.74

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I10676

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I10677

Amount of Each Disbursement this Period

298.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FAIRFIELD INN & SUITES**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21793

Amount of Each Disbursement this Period

105.28

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

358.64

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21786**

Amount of Each Disbursement this Period

2.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MARATHON PETROLEUM**

Mailing Address 539 SOUTH MAIN STREET

City FINDLAY State OH Zip Code 45840

Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I21789**

Amount of Each Disbursement this Period

7.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I10678**

Amount of Each Disbursement this Period

346.30

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

346.30

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21872

Amount of Each Disbursement this Period

17.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21873

Amount of Each Disbursement this Period

7.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21874

Amount of Each Disbursement this Period

17.88

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21875

Amount of Each Disbursement this Period

194.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21876

Amount of Each Disbursement this Period

4.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I21877

Amount of Each Disbursement this Period

103.11

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10704**

Amount of Each Disbursement this Period

49.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21034**

Amount of Each Disbursement this Period

49.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10705**

Amount of Each Disbursement this Period

217.02

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

266.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAR RENTAL**

Mailing Address 6929 N LAKEWOOD AVE STE 100

City TULSA State OK Zip Code 74117

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21062

Amount of Each Disbursement this Period

203.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WALGREENS**

Mailing Address 200 WILMOT RD  
MS #L390

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21063

Amount of Each Disbursement this Period

13.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I10706

Amount of Each Disbursement this Period

295.41

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

295.41

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21165

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DELTA AIR LINES, INC.**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21166

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21164

Amount of Each Disbursement this Period

244.16

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10707**

Amount of Each Disbursement this Period

121.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21191**

Amount of Each Disbursement this Period

4.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21193**

Amount of Each Disbursement this Period

52.36

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

121.69

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21195

Amount of Each Disbursement this Period

9.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BILTMORE HOTEL**

Mailing Address 1210 ANASTASIA AVE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21196

Amount of Each Disbursement this Period

9.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GOGO AIR**

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21197

Amount of Each Disbursement this Period

13.95

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City

OMAHA

State

NE

Zip Code

68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I10708

Amount of Each Disbursement this Period

589.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXTENDED STAY AMERICA**

Mailing Address 11525 N COMMUNITY HOUSE RD

City

CHARLOTTE

State

NC

Zip Code

28277

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21364

Amount of Each Disbursement this Period

389.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI TAXI**

Mailing Address 2766 NW 62ND ST

City

MIAMI

State

FL

Zip Code

33147

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21363

Amount of Each Disbursement this Period

36.00

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

589.03

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21362

Amount of Each Disbursement this Period

7.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21365

Amount of Each Disbursement this Period

6.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21366

Amount of Each Disbursement this Period

5.79

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21367

Amount of Each Disbursement this Period

14.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21369

Amount of Each Disbursement this Period

12.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21370

Amount of Each Disbursement this Period

11.84

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21371

Amount of Each Disbursement this Period

34.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I10709

Amount of Each Disbursement this Period

211.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21478

Amount of Each Disbursement this Period

128.10

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

211.05

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PARTY CITY**

Mailing Address 25 GREEN POND ROAD

City State Zip Code  
ROCKAWAY NJ 07866

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21477

Amount of Each Disbursement this Period

73.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET ST

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21479

Amount of Each Disbursement this Period

9.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City State Zip Code  
OMAHA NE 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I10710

Amount of Each Disbursement this Period

11.97

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

11.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I10711

Amount of Each Disbursement this Period

14.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21559

Amount of Each Disbursement this Period

14.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I10712

Amount of Each Disbursement this Period

199.51

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

214.15

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. BP**

Mailing Address 640 SW 9TH ST

City  
DES MOINES

State  
IA

Zip Code  
50309

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21632

Amount of Each Disbursement this Period

6.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. EXXON**

Mailing Address 5959 LAS COLINAS BLVD

City  
IRVING

State  
TX

Zip Code  
75039

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21609

Amount of Each Disbursement this Period

4.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PANERA BREAD**

Mailing Address 10061 W FLAGLER ST

City  
MIAMI

State  
FL

Zip Code  
33174

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21619

Amount of Each Disbursement this Period

9.07

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21617

Amount of Each Disbursement this Period

5.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21623

Amount of Each Disbursement this Period

3.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SHELL OIL COMPANY**

Mailing Address 910 LOUISIANA ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
GAS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21628

Amount of Each Disbursement this Period

17.50

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SPEEDWAY**

Mailing Address P.O. BOX 1500

City  
**SPRINGFIELD**

State  
**OH**

Zip Code  
**45501**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21614**

Amount of Each Disbursement this Period

5.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SPEEDWAY**

Mailing Address P.O. BOX 1500

City  
**SPRINGFIELD**

State  
**OH**

Zip Code  
**45501**

Purpose of Disbursement  
**FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21621**

Amount of Each Disbursement this Period

5.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STAPLES, INC.**

Mailing Address 500 STAPLES DR.

City  
**FRAMINGHAM**

State  
**MA**

Zip Code  
**01702**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21615**

Amount of Each Disbursement this Period

18.44

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

0.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10713**

Amount of Each Disbursement this Period

1193.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALPHA VIDEO**

Mailing Address 7690 GOLDEN TRIANGLE DR.

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21657**

Amount of Each Disbursement this Period

836.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BASECAMP**

Mailing Address 1201 W WASHINGTON BLVD

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21658**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1193.45

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. CAMPAIGN MONITOR**

Mailing Address 217 2ND ST

City  
**SAN FRANCISCO**

State  
**CA**

Zip Code  
**94105**

Purpose of Disbursement  
**SUBSCRIPTION**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21661**

Amount of Each Disbursement this Period

99.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CENTURY LINK**

Mailing Address P.O. BOX 2961

City  
**PHOENIX**

State  
**AZ**

Zip Code  
**85062**

Purpose of Disbursement  
**UTILITIES**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21659**

Amount of Each Disbursement this Period

96.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FIRST BANK CARD**

Mailing Address P.O. BOX 2557

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10714**

Amount of Each Disbursement this Period

283.36

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

283.36

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FEDEX OFFICE**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21796

Amount of Each Disbursement this Period

194.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JETBLUE AIRLINE**

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21798

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL'S**

Mailing Address 8000 BENT BRANCH DR.

City IRVING State TX Zip Code 75063

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21799

Amount of Each Disbursement this Period

45.92

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAXI CHARGE-DC**

Mailing Address **465 UTICA AVE**

City  
**BROOKLYN**

State  
**NY**

Zip Code  
**11203**

Purpose of Disbursement  
**TAXI FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21797**

Amount of Each Disbursement this Period

17.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FIRST BANK CARD**

Mailing Address **P.O. BOX 2557**

City  
**OMAHA**

State  
**NE**

Zip Code  
**68103**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10715**

Amount of Each Disbursement this Period

235.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMAZON**

Mailing Address **410 TERRY AVE N**

City  
**SEATTLE**

State  
**WA**

Zip Code  
**98109**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I21878**

Amount of Each Disbursement this Period

152.96

☒ Memo Item

**Subtotal Of Receipts This Page** (optional).....

235.23

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City State Zip Code  
DENVER CO 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21879

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FRONTIER AIRLINES**

Mailing Address P.O. BOX 492085

City State Zip Code  
DENVER CO 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21880

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL'S**

Mailing Address 8000 BENT BRANCH DR.

City State Zip Code  
IRVING TX 75063

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I21881

Amount of Each Disbursement this Period

12.27

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FLORIDA FEDERATION OF REPUBLICAN WOMEN**

Mailing Address 2606 THOMASVILLE RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32308

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I9069

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FP1 DIGITAL, LLC**

Mailing Address P.O. BOX 16504

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
WEB ADS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 16 / 2015

Transaction ID : SB23.I10191

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FP1 DIGITAL, LLC**

Mailing Address P.O. BOX 16504

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
WEB ADS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 21 / 2015

Transaction ID : SB23.I10207

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

12500.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FP1 STRATEGIES**

Mailing Address P.O. BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

Transaction ID : SB23.I10017

Amount of Each Disbursement this Period

40299.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FP1 STRATEGIES**

Mailing Address P.O. BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement  
MEDIA/POLITICAL STRATEGY CONSULTING/LODGING/AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I9054

Amount of Each Disbursement this Period

273435.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FP1 STRATEGIES**

Mailing Address P.O. BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/MEDIA/LODGING/CAR  
RENTAL/TAXI FARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I9533

Amount of Each Disbursement this Period

160883.92

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

474619.01

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FP1 STRATEGIES**

Mailing Address P.O. BOX 16504

City  
**ALEXANDRIA**

State  
**VA**

Zip Code  
**22302**

Purpose of Disbursement  
**WEB ADS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I9746**

Amount of Each Disbursement this Period

75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FP1 STRATEGIES**

Mailing Address P.O. BOX 16504

City  
**ALEXANDRIA**

State  
**VA**

Zip Code  
**22302**

Purpose of Disbursement  
**WEB ADS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I9780**

Amount of Each Disbursement this Period

30000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FP1 STRATEGIES**

Mailing Address P.O. BOX 16504

City  
**ALEXANDRIA**

State  
**VA**

Zip Code  
**22302**

Purpose of Disbursement  
**WEB ADS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I9971**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

109000.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FRANCOEUR REALTY TRUST**

Mailing Address 17 PARKVIEW TERR

City State Zip Code  
SOMERSWORTH NH 03878

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB23.I9729

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FRANCOEUR REALTY TRUST**

Mailing Address 17 PARKVIEW TERR

City State Zip Code  
SOMERSWORTH NH 03878

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I9937

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. FREDERICK S. TILTON**

Mailing Address 71 MAIN ST

City State Zip Code  
LITTLETON NH 03561

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I9538

Amount of Each Disbursement this Period

625.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3025.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. FREDERICK S. TILTON**

Mailing Address 71 MAIN ST

City  
LITTLETON

State  
NH

Zip Code  
03561

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9938**

Amount of Each Disbursement this Period

625.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIED, FRANK, HARRIS, SHRIVER & JACOBSON**

Mailing Address 801 17TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
FACILITY RENTAL/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10047**

Amount of Each Disbursement this Period

480.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRONT LINE STRATEGIES, INC.**

Mailing Address P.O. BOX 1491

City  
TALLAHASSEE

State  
FL

Zip Code  
32302

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/CAR RENTAL/LODGING/FOOD  
AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8996**

Amount of Each Disbursement this Period

25710.89

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

26816.69

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FRONT LINE STRATEGIES, INC.**

Mailing Address P.O. BOX 1491

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I9503**

Amount of Each Disbursement this Period

15533.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FRONT LINE STRATEGIES, INC.**

Mailing Address P.O. BOX 1491

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/AIRFARE/LODGING/TAXI  
FARE/FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9954**

Amount of Each Disbursement this Period

17405.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. G. FOLEY'S**

Mailing Address 3214 W 23 ST

City PANAMA CITY State FL Zip Code 32405

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I9985**

Amount of Each Disbursement this Period

799.13

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

33738.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GALT CONSULTING, LLC**

Mailing Address 103 SW 126 ST

City State Zip Code  
MIAMI FL 33176

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9955**

Amount of Each Disbursement this Period

4333.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GEO CORRECTIONS HOLDINGS, INC.**

Mailing Address 621 NW 53 ST

City State Zip Code  
BOCA RATON FL 33487

Purpose of Disbursement  
AIR CHARTER 10/7/15

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9027**

Amount of Each Disbursement this Period

3122.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GERLINDE PHOTOGRAPHY**

Mailing Address 6756 STIRLING RD

City State Zip Code  
HOLLYWOOD FL 33024

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10048**

Amount of Each Disbursement this Period

3342.33

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**..... 10797.99

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GERLINDE PHOTOGRAPHY**

Mailing Address 6756 STIRLING RD

City HOLLYWOOD State FL Zip Code 33024

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I9009

Amount of Each Disbursement this Period

2600.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GERLINDE PHOTOGRAPHY**

Mailing Address 6756 STIRLING RD

City HOLLYWOOD State FL Zip Code 33024

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9237

Amount of Each Disbursement this Period

6277.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GERLINDE PHOTOGRAPHY**

Mailing Address 6756 STIRLING RD

City HOLLYWOOD State FL Zip Code 33024

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

Transaction ID : SB23.I9504

Amount of Each Disbursement this Period

1272.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10149.52

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GERLINDE PHOTOGRAPHY**

Mailing Address 6756 STIRLING RD

City  
HOLLYWOOD

State  
FL

Zip Code  
33024

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I9539

Amount of Each Disbursement this Period

5735.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GERLINDE PHOTOGRAPHY**

Mailing Address 6756 STIRLING RD

City  
HOLLYWOOD

State  
FL

Zip Code  
33024

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I9999

Amount of Each Disbursement this Period

12777.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GERSON, PRESTON, ROBINSON & COMPANY, P.A.**

Mailing Address 666 71ST ST

City  
MIAMI BEACH

State  
FL

Zip Code  
33141

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I10049

Amount of Each Disbursement this Period

4300.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

22813.12

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GRAPHIC IMAGES, INC**

Mailing Address 2301 NW 33 CT #105

City State Zip Code  
POMPANO BEACH FL 33069

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 16 / 2015

**Transaction ID : SB23.I10192**

Amount of Each Disbursement this Period

2266.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GREEN ROOM SPEAKERS**

Mailing Address 7809 MORNINGSIDE DR. NW

City State Zip Code  
WASHINGTON DC 20012

Purpose of Disbursement  
TRANSPORTATION/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8972**

Amount of Each Disbursement this Period

468.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GREEN ROOM SPEAKERS**

Mailing Address 7809 MORNINGSIDE DR. NW

City State Zip Code  
WASHINGTON DC 20012

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8973**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4734.26

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GREEN ROOM SPEAKERS**

Mailing Address 7809 MORNINGSIDE DR. NW

City  
WASHINGTON

State  
DC

Zip Code  
20012

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I9485

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GREEN ROOM SPEAKERS**

Mailing Address 7809 MORNINGSIDE DR. NW

City  
WASHINGTON

State  
DC

Zip Code  
20012

Purpose of Disbursement  
TAXI FARE/PER DIEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I9490

Amount of Each Disbursement this Period

219.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GROUNDWORK PUBLIC AFFAIRS, LLC**

Mailing Address 948 GARLINGTON CIRCLE

City  
WEST CHESTER

State  
PA

Zip Code  
19380

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I9070

Amount of Each Disbursement this Period

15041.66

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

17261.42

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. GROUNDWORK PUBLIC AFFAIRS, LLC**

Mailing Address **948 GARLINGTON CIRCLE**

City  
**WEST CHESTER**

State  
**PA**

Zip Code  
**19380**

Purpose of Disbursement  
**POLITICAL STRATEGY CONSULTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**11 / 03 / 2015**

**Transaction ID : SB23.I9505**

Amount of Each Disbursement this Period

**15041.66**

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GROUNDWORK PUBLIC AFFAIRS, LLC**

Mailing Address **948 GARLINGTON CIRCLE**

City  
**WEST CHESTER**

State  
**PA**

Zip Code  
**19380**

Purpose of Disbursement  
**POLITICAL STRATEGY CONSULTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**12 / 01 / 2015**

**Transaction ID : SB23.I9956**

Amount of Each Disbursement this Period

**11281.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GROUT MUSEUM DISTRICT**

Mailing Address **503 S ST**

City  
**WATERLOO**

State  
**IA**

Zip Code  
**50701**

Purpose of Disbursement  
**FACILITY RENTAL/EQUIPMENT RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**11 / 24 / 2015**

**Transaction ID : SB23.I9770**

Amount of Each Disbursement this Period

**550.00**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

**26872.66**

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HIGHPOINT ASSOCIATES**

Mailing Address 1315 ASHLEY RIVER RD

City  
CHARLESTON

State  
SC

Zip Code  
29407

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I9243

Amount of Each Disbursement this Period

2060.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HIGHPOINT ASSOCIATES**

Mailing Address 1315 ASHLEY RIVER RD

City  
CHARLESTON

State  
SC

Zip Code  
29407

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

Transaction ID : SB23.I9465

Amount of Each Disbursement this Period

1084.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HIGHPOINT ASSOCIATES**

Mailing Address 1315 ASHLEY RIVER RD

City  
CHARLESTON

State  
SC

Zip Code  
29407

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I9939

Amount of Each Disbursement this Period

1084.50

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4229.55

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HILL RESEARCH CONSULTANTS**

Mailing Address P.O. BOX 3290

City  
AUBURN

State  
AL

Zip Code  
36831

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9233**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HILL RESEARCH CONSULTANTS**

Mailing Address P.O. BOX 3290

City  
AUBURN

State  
AL

Zip Code  
36831

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 26 / 2015

**Transaction ID : SB23.I9282**

Amount of Each Disbursement this Period

128340.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HILL RESEARCH CONSULTANTS**

Mailing Address P.O. BOX 3290

City  
AUBURN

State  
AL

Zip Code  
36831

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9486**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

144340.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HINCKLEY CORP**

Mailing Address 4505A W GRACE ST

City State Zip Code  
RICHMOND VA 23230

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

Transaction ID : SB23.I10021

Amount of Each Disbursement this Period

6250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HINCKLEY CORP**

Mailing Address 4505A W GRACE ST

City State Zip Code  
RICHMOND VA 23230

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I9083

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HINCKLEY CORP**

Mailing Address 4505A W GRACE ST

City State Zip Code  
RICHMOND VA 23230

Purpose of Disbursement  
LEGAL CONSULTING/LEGAL FEE/PRINTING/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB23.I9977

Amount of Each Disbursement this Period

2693.87

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

11443.87

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HOFFMAN FLAGLER, LLC**

Mailing Address P.O. BOX 865119

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32886**

Purpose of Disbursement  
**RENT/OFFICE EQUIPMENT/PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**10 / 01 / 2015**

**Transaction ID : SB23.I8949**

Amount of Each Disbursement this Period

**67540.18**

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HOFFMAN FLAGLER, LLC**

Mailing Address P.O. BOX 865119

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32886**

Purpose of Disbursement  
**RENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**11 / 01 / 2015**

**Transaction ID : SB23.I9466**

Amount of Each Disbursement this Period

**67375.18**

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HOFFMAN FLAGLER, LLC**

Mailing Address P.O. BOX 865119

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32886**

Purpose of Disbursement  
**RENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**12 / 01 / 2015**

**Transaction ID : SB23.I9940**

Amount of Each Disbursement this Period

**67375.18**

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**..... **202290.54**

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HUCKABY DAVIS LISKER**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 27 / 2015

**Transaction ID : SB23.I9293**

Amount of Each Disbursement this Period

5920.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. HYNES COMMUNICATIONS, LLC**

Mailing Address 121 BOW ST STE 6

City State Zip Code  
PORTSMOUTH NH 03801

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8950**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HYNES COMMUNICATIONS, LLC**

Mailing Address 121 BOW ST STE 6

City State Zip Code  
PORTSMOUTH NH 03801

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB23.I9028**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

11920.40

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. I360, LLC**

Mailing Address P.O. BOX 37046

City State Zip Code  
BALTIMORE MD 21297

Purpose of Disbursement  
SUBSCRIPTION/PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I9549**

Amount of Each Disbursement this Period

36803.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. I360, LLC**

Mailing Address P.O. BOX 37046

City State Zip Code  
BALTIMORE MD 21297

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I9762**

Amount of Each Disbursement this Period

5293.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. ICONIC EVENT STUDIOS**

Mailing Address 1861 SUNSET PLAZA DR.

City State Zip Code  
LOS ANGELES CA 90069

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I9556**

Amount of Each Disbursement this Period

2854.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

44950.84

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. IL DEPT OF REVENUE**

Mailing Address 100 W RANDOLPH ST

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10176

Amount of Each Disbursement this Period

54.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. IL DEPT OF REVENUE**

Mailing Address 100 W RANDOLPH ST

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10234

Amount of Each Disbursement this Period

54.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IL DEPT OF REVENUE**

Mailing Address 100 W RANDOLPH ST

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9153

Amount of Each Disbursement this Period

54.69

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

164.07

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. IL DEPT OF REVENUE**

Mailing Address 100 W RANDOLPH ST

City  
CHICAGO

State  
IL

Zip Code  
60601

Purpose of Disbursement  
STATE TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9377

Amount of Each Disbursement this Period

54.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. IL DEPT OF REVENUE**

Mailing Address 100 W RANDOLPH ST

City  
CHICAGO

State  
IL

Zip Code  
60601

Purpose of Disbursement  
STATE TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9713

Amount of Each Disbursement this Period

54.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IL DEPT OF REVENUE**

Mailing Address 100 W RANDOLPH ST

City  
CHICAGO

State  
IL

Zip Code  
60601

Purpose of Disbursement  
STATE TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9910

Amount of Each Disbursement this Period

54.69

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

164.07

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR.

City  
KINGWOOD

State  
TX

Zip Code  
77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10173

Amount of Each Disbursement this Period

33036.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR.

City  
KINGWOOD

State  
TX

Zip Code  
77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10231

Amount of Each Disbursement this Period

34270.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR.

City  
KINGWOOD

State  
TX

Zip Code  
77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9154

Amount of Each Disbursement this Period

33551.50

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

100858.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR.

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9378**

Amount of Each Disbursement this Period

40114.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR.

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9720**

Amount of Each Disbursement this Period

34010.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR.

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9907**

Amount of Each Disbursement this Period

33453.25

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

107578.09

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER CT

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB23.I9726

Amount of Each Disbursement this Period

4084.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER CT

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I9986

Amount of Each Disbursement this Period

6657.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTERNAL REVENUE SERVICE**

Mailing Address IRS SERVICE CENTER

City AUSTIN State TX Zip Code 73301

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10174

Amount of Each Disbursement this Period

96907.94

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

107649.87

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTERNAL REVENUE SERVICE**

Mailing Address IRS SERVICE CENTER

City AUSTIN State TX Zip Code 73301

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10232

Amount of Each Disbursement this Period

94496.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTERNAL REVENUE SERVICE**

Mailing Address IRS SERVICE CENTER

City AUSTIN State TX Zip Code 73301

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9155

Amount of Each Disbursement this Period

132675.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTERNAL REVENUE SERVICE**

Mailing Address IRS SERVICE CENTER

City AUSTIN State TX Zip Code 73301

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9379

Amount of Each Disbursement this Period

135155.56

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

362327.61

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTERNAL REVENUE SERVICE**

Mailing Address IRS SERVICE CENTER

City AUSTIN State TX Zip Code 73301

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9721**

Amount of Each Disbursement this Period

103248.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTERNAL REVENUE SERVICE**

Mailing Address IRS SERVICE CENTER

City AUSTIN State TX Zip Code 73301

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9908**

Amount of Each Disbursement this Period

99918.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTUITIVE VISUAL COMMUNICATIONS, INC.**

Mailing Address 9855 CORTINO WAY

City ELK GROVE State CA Zip Code 95757

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I10000**

Amount of Each Disbursement this Period

27487.44

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

230654.04

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTUITIVE VISUAL COMMUNICATIONS, INC.**

Mailing Address 9855 CORTINO WAY

City ELK GROVE State CA Zip Code 95757

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8952**

Amount of Each Disbursement this Period

68915.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTUITIVE VISUAL COMMUNICATIONS, INC.**

Mailing Address 9855 CORTINO WAY

City ELK GROVE State CA Zip Code 95757

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I9250**

Amount of Each Disbursement this Period

28344.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INTUITIVE VISUAL COMMUNICATIONS, INC.**

Mailing Address 9855 CORTINO WAY

City ELK GROVE State CA Zip Code 95757

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I9570**

Amount of Each Disbursement this Period

112552.11

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

209812.20

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INTUITIVE VISUAL COMMUNICATIONS, INC.**

Mailing Address 9855 CORTINO WAY

City State Zip Code  
ELK GROVE CA 95757

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I9750**

Amount of Each Disbursement this Period

9979.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INTUITIVE VISUAL COMMUNICATIONS, INC.**

Mailing Address 9855 CORTINO WAY

City State Zip Code  
ELK GROVE CA 95757

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I9771**

Amount of Each Disbursement this Period

26848.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IOWA DEPARTMENT OF REVENUE**

Mailing Address 1305 E WALNUT ST #3000

City State Zip Code  
DES MOINES IA 50319

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10177**

Amount of Each Disbursement this Period

921.95

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

37749.91

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. IOWA DEPARTMENT OF REVENUE**

Mailing Address 1305 E WALNUT ST #3000

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10235**

Amount of Each Disbursement this Period

921.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. IOWA DEPARTMENT OF REVENUE**

Mailing Address 1305 E WALNUT ST #3000

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9156**

Amount of Each Disbursement this Period

420.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IOWA DEPARTMENT OF REVENUE**

Mailing Address 1305 E WALNUT ST #3000

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9380**

Amount of Each Disbursement this Period

772.08

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2114.41

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. IOWA DEPARTMENT OF REVENUE**

Mailing Address 1305 E WALNUT ST #3000

City State Zip Code  
DES MOINES IA 50319

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9714**

Amount of Each Disbursement this Period

921.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. IOWA DEPARTMENT OF REVENUE**

Mailing Address 1305 E WALNUT ST #3000

City State Zip Code  
DES MOINES IA 50319

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9911**

Amount of Each Disbursement this Period

921.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IOWA FAITH & FREEDOM COALITION**

Mailing Address 939 OFFICE PARK RD STE 115

City State Zip Code  
WEST DES MOINES IA 50265

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8953**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2843.90

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JAMES FOSTER & ASSOCIATES, INC.**

Mailing Address 5805 CLUB OAKS PLAZA

City DALLAS State TX Zip Code 75248

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I9067**

Amount of Each Disbursement this Period

11889.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JAMES FOSTER & ASSOCIATES, INC.**

Mailing Address 5805 CLUB OAKS PLAZA

City DALLAS State TX Zip Code 75248

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I9552**

Amount of Each Disbursement this Period

9651.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JDA FRONTLINE PARTNERS, L.L.C.**

Mailing Address 68 1/2 QUEEN ST

City CHARLESTON State SC Zip Code 29401

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8987**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

26541.49

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JDA FRONTLINE PARTNERS, L.L.C.**

Mailing Address 68 1/2 QUEEN ST

City  
CHARLESTON

State  
SC

Zip Code  
29401

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

**Transaction ID : SB23.I9515**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JDA FRONTLINE PARTNERS, L.L.C.**

Mailing Address 68 1/2 QUEEN ST

City  
CHARLESTON

State  
SC

Zip Code  
29401

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I9987**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JENSEN SUTTA PHOTOGRAPHY**

Mailing Address 10868 WILLOW REED CIRCLE E

City  
PARKER

State  
CO

Zip Code  
80134

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I9278**

Amount of Each Disbursement this Period

605.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

9605.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JERRY HANKINS PHOTOGRAPHY**

Mailing Address 485 KELLER RD

City AFTON State TN Zip Code 37616

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I9251**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JM GLOBAL CONSULTING, INC.**

Mailing Address 8000 NW 25TH ST STE 500

City MIAMI State FL Zip Code 33122

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I9043**

Amount of Each Disbursement this Period

9250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JM GLOBAL CONSULTING, INC.**

Mailing Address 8000 NW 25TH ST STE 500

City MIAMI State FL Zip Code 33122

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I9506**

Amount of Each Disbursement this Period

9500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

19000.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JM GLOBAL CONSULTING, INC.**

Mailing Address 8000 NW 25TH ST STE 500

City State Zip Code  
MIAMI FL 33122

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I9976**

Amount of Each Disbursement this Period

6412.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOHN MCCONNELL, INC**

Mailing Address 1210 R ST NW #315

City State Zip Code  
WASHINGTON DC 20009

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I9011**

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JOHN MCCONNELL, INC**

Mailing Address 1210 R ST NW #315

City State Zip Code  
WASHINGTON DC 20009

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I9507**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

26912.50

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JON KRAUSHAR & ASSOCIATES, INC**

Mailing Address 286 MADISON AVE STE 907

City State Zip Code  
NEW YORK NY 10017

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I10198

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JON KRAUSHAR & ASSOCIATES, INC**

Mailing Address 286 MADISON AVE STE 907

City State Zip Code  
NEW YORK NY 10017

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/TAXI FARE/FOOD AND  
BEVERAGE/LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB23.I9731

Amount of Each Disbursement this Period

15910.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JON KRAUSHAR & ASSOCIATES, INC**

Mailing Address 286 MADISON AVE STE 907

City State Zip Code  
NEW YORK NY 10017

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9918

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

55910.84

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. KINETIC ENTERTAINMENT**

Mailing Address 4 RHAPSODY LN

City  
WIMBERLEY

State  
TX

Zip Code  
78676

Purpose of Disbursement  
MUSIC ENTERTAINMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 21 / 2015

Transaction ID : SB23.I9262

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KIRKLAND & ELLIS, LLP**

Mailing Address 601 LEXINGTON AVE

City  
NEW YORK

State  
NY

Zip Code  
10022

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 27 / 2015

Transaction ID : SB23.I9294

Amount of Each Disbursement this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KREATE MEDIA**

Mailing Address P.O. BOX 962

City  
KIRKLAND

State  
WA

Zip Code  
98083

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I9540

Amount of Each Disbursement this Period

1895.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2755.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LAKES REGION ACQUISITIONS, LLC**

Mailing Address 16 RACE POINT RD

City  
LACONIA

State  
NH

Zip Code  
03246

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I9557**

Amount of Each Disbursement this Period

2329.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LAKES REGION ACQUISITIONS, LLC**

Mailing Address 16 RACE POINT RD

City  
LACONIA

State  
NH

Zip Code  
03246

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9942**

Amount of Each Disbursement this Period

1370.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LKJ, LLC**

Mailing Address P.O. BOX 3986

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10039**

Amount of Each Disbursement this Period

32092.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

35791.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LKJ, LLC**

Mailing Address P.O. BOX 3986

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
FINANCE CONSULTING/FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I9004**

Amount of Each Disbursement this Period

88429.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LKJ, LLC**

Mailing Address P.O. BOX 3986

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
FINANCE CONSULTING/RENT/PER DIEM/TAXI FARE/LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I9040**

Amount of Each Disbursement this Period

16971.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LKJ, LLC**

Mailing Address P.O. BOX 3986

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9497**

Amount of Each Disbursement this Period

94179.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

199579.11

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LKJ, LLC**

Mailing Address P.O. BOX 3986

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
FACILITY RENTAL/CATERING/AIRFARE/LODGING/TAXI FARE/POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I9777**

Amount of Each Disbursement this Period

27695.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LOCKTON AFFINITY, LLC**

Mailing Address P.O. BOX 879610

City  
KANSAS CITY

State  
MO

Zip Code  
64187

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I10211**

Amount of Each Disbursement this Period

4808.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LOGICOM, LLC**

Mailing Address 20 KERLIND CT

City  
FRANKLIN

State  
TN

Zip Code  
37067

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I9049**

Amount of Each Disbursement this Period

350.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

32853.23

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. LOUISIANA DEPARTMENT OF STATE**

Mailing Address 8585 ARCHIVES AVE

City  
**BATON ROUGE**

State  
**LA**

Zip Code  
**70809**

Purpose of Disbursement  
**BALLOT ACCESS FEE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9928**

Amount of Each Disbursement this Period

1125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LULU POWERS**

Mailing Address 6346 LINDENHURST AVE

City  
**LOS ANGELES**

State  
**CA**

Zip Code  
**90048**

Purpose of Disbursement  
**CATERING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9545**

Amount of Each Disbursement this Period

2446.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MA DEPT OF REVENUE**

Mailing Address 51 SLEEPER ST

City  
**BOSTON**

State  
**MA**

Zip Code  
**02210**

Purpose of Disbursement  
**STATE TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10178**

Amount of Each Disbursement this Period

85.53

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3656.64

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MA DEPT OF REVENUE**

Mailing Address 51 SLEEPER ST

City  
**BOSTON**

State  
**MA**

Zip Code  
**02210**

Purpose of Disbursement  
**STATE TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SB23.I10236**

Amount of Each Disbursement this Period

69.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MA DEPT OF REVENUE**

Mailing Address 51 SLEEPER ST

City  
**BOSTON**

State  
**MA**

Zip Code  
**02210**

Purpose of Disbursement  
**STATE TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9189**

Amount of Each Disbursement this Period

129.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MA DEPT OF REVENUE**

Mailing Address 51 SLEEPER ST

City  
**BOSTON**

State  
**MA**

Zip Code  
**02210**

Purpose of Disbursement  
**STATE TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9414**

Amount of Each Disbursement this Period

129.28

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

327.92

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MA DEPT OF REVENUE**

Mailing Address 51 SLEEPER ST

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9715**

Amount of Each Disbursement this Period

129.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MA DEPT OF REVENUE**

Mailing Address 51 SLEEPER ST

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9912**

Amount of Each Disbursement this Period

129.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAS CONSULTING GROUP**

Mailing Address 1212 E EUCLID AVE

City SAN ANTONIO State TX Zip Code 78231

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I9045**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6258.56

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5300 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MAS CONSULTING GROUP**

Mailing Address 1212 E EUCLID AVE

City  
SAN ANTONIO

State  
TX

Zip Code  
78231

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 26 / 2015

Transaction ID : SB23.I9284

Amount of Each Disbursement this Period

18210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MCDONALD HOPKINS, LLC**

Mailing Address 600 SUPERIOR AVE E STE 2100  
STE 2100

City  
CLEVELAND

State  
OH

Zip Code  
44114

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 23 / 2015

Transaction ID : SB23.I10218

Amount of Each Disbursement this Period

1700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MDI IMAGING & MAIL**

Mailing Address 21955 CASCADES PKWY

City  
DULLES

State  
VA

Zip Code  
20166

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8954

Amount of Each Disbursement this Period

3813.29

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

23723.29

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 5301 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MDI IMAGING & MAIL**

Mailing Address 21955 CASCADES PKWY

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I9014**

Amount of Each Disbursement this Period

979.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MENTZER MEDIA SERVICES, INC**

Mailing Address 600 FAIRMOUNT AVE STE 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10044**

Amount of Each Disbursement this Period

209681.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MENTZER MEDIA SERVICES, INC**

Mailing Address 600 FAIRMOUNT AVE STE 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9926**

Amount of Each Disbursement this Period

246288.25

☐ Memo Item

**Subtotal Of Receipts This Page** (optional)..... 456949.05

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MENTZER MEDIA SERVICES, INC**

Mailing Address 600 FAIRMOUNT AVE STE 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23.I9994**

Amount of Each Disbursement this Period

205968.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMI DADE FIRE RESCUE**

Mailing Address 9300 NW 41 ST

City MIAMI State FL Zip Code 33178

Purpose of Disbursement  
PERSONNEL SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I9559**

Amount of Each Disbursement this Period

1280.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIAMI DADE COLLEGE - KENDALL**

Mailing Address 11011 SW 104 ST

City MIAMI State FL Zip Code 33176

Purpose of Disbursement  
SECURITY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I9988**

Amount of Each Disbursement this Period

2275.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

209523.85

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIAMINEWSNET**

Mailing Address 2641 SW 27TH ST

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I9579

Amount of Each Disbursement this Period

2888.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIAMINEWSNET**

Mailing Address 2641 SW 27TH ST

City State Zip Code  
MIAMI FL 33133

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

Transaction ID : SB23.I9738

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MIDWEST STRATEGIC SERVICES**

Mailing Address 416 E CHURCH ST

City State Zip Code  
ELMHURST IL 60126

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I9532

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4288.68

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MIDWEST STRATEGIC SERVICES**

Mailing Address 416 E CHURCH ST

City  
ELMHURST

State  
IL

Zip Code  
60126

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9722

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MIDWEST STRATEGIC SERVICES**

Mailing Address 416 E CHURCH ST

City  
ELMHURST

State  
IL

Zip Code  
60126

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I9958

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MITTERA GROUP**

Mailing Address P.O. BOX 310471

City  
DES MOINES

State  
IA

Zip Code  
50331

Purpose of Disbursement  
INTERNET CONSULTING/PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8998

Amount of Each Disbursement this Period

17412.25

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

23412.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5305 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MITTERA GROUP**

Mailing Address P.O. BOX 310471

City  
**DES MOINES**

State  
**IA**

Zip Code  
**50331**

Purpose of Disbursement  
**INTERNET CONSULTING/WEB SVC**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I9071**

Amount of Each Disbursement this Period

53322.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MITTERA GROUP**

Mailing Address P.O. BOX 310471

City  
**DES MOINES**

State  
**IA**

Zip Code  
**50331**

Purpose of Disbursement  
**WEB SVC**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9519**

Amount of Each Disbursement this Period

12225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MOBY DICK AIRWAYS, LTD.**

Mailing Address P.O. BOX 77518

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20013**

Purpose of Disbursement  
**AIR CHARTER**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.I10209**

Amount of Each Disbursement this Period

12858.50

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

78405.57

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MOBY DICK AIRWAYS, LTD.**

Mailing Address P.O. BOX 77518

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I9245**

Amount of Each Disbursement this Period

51974.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MOBY DICK AIRWAYS, LTD.**

Mailing Address P.O. BOX 77518

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9520**

Amount of Each Disbursement this Period

12154.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MOBY DICK AIRWAYS, LTD.**

Mailing Address P.O. BOX 77518

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I9550**

Amount of Each Disbursement this Period

16203.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

80331.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MOBY DICK AIRWAYS, LTD.**

Mailing Address P.O. BOX 77518

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9922**

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MOORE INFORMATION**

Mailing Address 2130 SW JEFFERSON ST STE 200

City  
PORTLAND

State  
OR

Zip Code  
97201

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9965**

Amount of Each Disbursement this Period

15500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NACKKEY S. LOEB SCHOOL OF COMMUNICATIONS**

Mailing Address 749 E INDUSTRIAL PARK DR.

City  
MANCHESTER

State  
NH

Zip Code  
03109

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23.I10187**

Amount of Each Disbursement this Period

2016.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

19316.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NAVESINK COUNTRY CLUB**

Mailing Address P.O. BOX 100 50 LUFFBURROW LN

City MIDDLETON State NJ Zip Code 07748

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9923**

Amount of Each Disbursement this Period

14194.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NEVADA STATE PARKS**

Mailing Address P.O. BOX 6116

City INCLINE VILLAGE State NV Zip Code 89450

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I9075**

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NEW MADRID, LLC**

Mailing Address 165 PINEBLUFF RD

City ATHENS State GA Zip Code 30607

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8955**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

15094.23

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NEW SIGNATURE**

Mailing Address 1101 NEW YORK AVE NW STE 675

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
IT CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB23.I9046**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NOVA RETAIL, LLC**

Mailing Address 3171 D SPRING ST

City  
FAIRFAX

State  
VA

Zip Code  
22031

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9269**

Amount of Each Disbursement this Period

41328.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NOVA RETAIL, LLC**

Mailing Address 3171 D SPRING ST

City  
FAIRFAX

State  
VA

Zip Code  
22031

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9521**

Amount of Each Disbursement this Period

319.25

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

41947.35

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NOVA RETAIL, LLC**

Mailing Address 3171 D SPRING ST

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I9571

Amount of Each Disbursement this Period

16004.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NOVA RETAIL, LLC**

Mailing Address 3171 D SPRING ST

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I9765

Amount of Each Disbursement this Period

24184.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NV ENERGY**

Mailing Address P.O. BOX 30065

City State Zip Code  
RENO NV 89520

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I10006

Amount of Each Disbursement this Period

144.77

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

40333.66

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NV ENERGY**

Mailing Address P.O. BOX 30065

City RENO State NV Zip Code 89520

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I9051

Amount of Each Disbursement this Period

28.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NV ENERGY**

Mailing Address P.O. BOX 30065

City RENO State NV Zip Code 89520

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I9052

Amount of Each Disbursement this Period

220.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NV ENERGY**

Mailing Address P.O. BOX 30065

City RENO State NV Zip Code 89520

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

Transaction ID : SB23.I9511

Amount of Each Disbursement this Period

171.40

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

420.38

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NV ENERGY**

Mailing Address P.O. BOX 30065

City RENO State NV Zip Code 89520

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

Transaction ID : SB23.I9512

Amount of Each Disbursement this Period

28.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NY DEPT OF REVENUE**

Mailing Address CAMPUS VIEW DR.

City ALBANY State NY Zip Code 12227

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10180

Amount of Each Disbursement this Period

726.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NY DEPT OF REVENUE**

Mailing Address CAMPUS VIEW DR.

City ALBANY State NY Zip Code 12227

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10238

Amount of Each Disbursement this Period

726.01

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1480.90

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NY DEPT OF REVENUE**

Mailing Address **CAMPUS VIEW DR.**

City **ALBANY** State **NY** Zip Code **12227**

Purpose of Disbursement  
**STATE TAXES**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB23.I9202**

Amount of Each Disbursement this Period

1067.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NY DEPT OF REVENUE**

Mailing Address **CAMPUS VIEW DR.**

City **ALBANY** State **NY** Zip Code **12227**

Purpose of Disbursement  
**STATE TAXES**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9427**

Amount of Each Disbursement this Period

1067.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NY DEPT OF REVENUE**

Mailing Address **CAMPUS VIEW DR.**

City **ALBANY** State **NY** Zip Code **12227**

Purpose of Disbursement  
**STATE TAXES**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9717**

Amount of Each Disbursement this Period

726.01

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2861.45

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NY DEPT OF REVENUE**

Mailing Address **CAMPUS VIEW DR.**

City **ALBANY** State **NY** Zip Code **12227**

Purpose of Disbursement  
**STATE TAXES**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9914**

Amount of Each Disbursement this Period

726.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OFIS**

Mailing Address **330 S MELROSE DR.**

City **MIAMI SPRINGS** State **FL** Zip Code **33166**

Purpose of Disbursement  
**EQUIPMENT INSTALLATION**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I9730**

Amount of Each Disbursement this Period

975.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OFIS**

Mailing Address **330 S MELROSE DR.**

City **MIAMI SPRINGS** State **FL** Zip Code **33166**

Purpose of Disbursement  
**EQUIPMENT INSTALLATION**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I9752**

Amount of Each Disbursement this Period

825.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

2526.01

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OHIO DEPARTMENT OF REVENUE**

Mailing Address 4485 NORTHLAND RIDGE BLVD

City COLUMBUS State OH Zip Code 43229

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10181

Amount of Each Disbursement this Period

34.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OHIO DEPARTMENT OF REVENUE**

Mailing Address 4485 NORTHLAND RIDGE BLVD

City COLUMBUS State OH Zip Code 43229

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10239

Amount of Each Disbursement this Period

34.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OHIO DEPARTMENT OF REVENUE**

Mailing Address 4485 NORTHLAND RIDGE BLVD

City COLUMBUS State OH Zip Code 43229

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9203

Amount of Each Disbursement this Period

34.75

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

104.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OHIO DEPARTMENT OF REVENUE**

Mailing Address 4485 NORTHLAND RIDGE BLVD

City COLUMBUS State OH Zip Code 43229

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9428

Amount of Each Disbursement this Period

34.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OHIO DEPARTMENT OF REVENUE**

Mailing Address 4485 NORTHLAND RIDGE BLVD

City COLUMBUS State OH Zip Code 43229

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9718

Amount of Each Disbursement this Period

34.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. OHIO DEPARTMENT OF REVENUE**

Mailing Address 4485 NORTHLAND RIDGE BLVD

City COLUMBUS State OH Zip Code 43229

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9915

Amount of Each Disbursement this Period

34.75

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

104.25

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. OTOW GOLF CLUB, INC**

Mailing Address 8395 SW 80 ST

City State Zip Code  
OCALA FL 34481

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9959**

Amount of Each Disbursement this Period

441.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PACE ANALYTICAL SERVICES, INC.**

Mailing Address 1800 ELM ST SE

City State Zip Code  
MINNEAPOLIS MN 55414

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8956**

Amount of Each Disbursement this Period

3119.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PACE ANALYTICAL SERVICES, INC.**

Mailing Address 1800 ELM ST SE

City State Zip Code  
MINNEAPOLIS MN 55414

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9469**

Amount of Each Disbursement this Period

3119.78

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

6680.56

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PACE ANALYTICAL SERVICES, INC.**

Mailing Address 1800 ELM ST SE

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9943**

Amount of Each Disbursement this Period

3119.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PARK CITY CLUB**

Mailing Address 5956 SHERRY LN STE 1700

City DALLAS State TX Zip Code 75225

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8957**

Amount of Each Disbursement this Period

2252.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PARSLEY SAGE ROSEMARY & THYME**

Mailing Address 795 S 2ND ST

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 16 / 2015

**Transaction ID : SB23.I10193**

Amount of Each Disbursement this Period

4827.26

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10199.78

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PATE FAMILY TRUST, L.L.C.**

Mailing Address 3285 3RD AVE

City  
MARION

State  
IA

Zip Code  
52302

Purpose of Disbursement  
RENT/UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8958**

Amount of Each Disbursement this Period

1453.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PATE FAMILY TRUST, L.L.C.**

Mailing Address 3285 3RD AVE

City  
MARION

State  
IA

Zip Code  
52302

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9470**

Amount of Each Disbursement this Period

1613.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PATE FAMILY TRUST, L.L.C.**

Mailing Address 3285 3RD AVE

City  
MARION

State  
IA

Zip Code  
52302

Purpose of Disbursement  
RENT/UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9944**

Amount of Each Disbursement this Period

1457.70

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4524.53

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PETROLEUM CLUB OF MIDLAND**

Mailing Address P.O. BOX 10527

City MIDLAND State TX Zip Code 79702

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I9753**

Amount of Each Disbursement this Period

1073.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PITNEY BOWES**

Mailing Address P.O. BOX 371874

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB23.I10022**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PITNEY BOWES**

Mailing Address P.O. BOX 371874

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I9745**

Amount of Each Disbursement this Period

1040.98

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2364.17

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PLAZA SOUTH S.C., LLC**

Mailing Address 50 S JONES BLVD STE 100

City  
LAS VEGAS

State  
NV

Zip Code  
89107

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8961**

Amount of Each Disbursement this Period

3255.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PLAZA SOUTH S.C., LLC**

Mailing Address 50 S JONES BLVD STE 100

City  
LAS VEGAS

State  
NV

Zip Code  
89107

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9471**

Amount of Each Disbursement this Period

3255.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PLAZA SOUTH S.C., LLC**

Mailing Address 50 S JONES BLVD STE 100

City  
LAS VEGAS

State  
NV

Zip Code  
89107

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9945**

Amount of Each Disbursement this Period

3255.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

9765.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. POSTUP DIGITAL, LLC**

Mailing Address 75 REMITTANCE DR. DEPT 6865

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB23.I10023**

Amount of Each Disbursement this Period

3090.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. POSTUP DIGITAL, LLC**

Mailing Address 75 REMITTANCE DR. DEPT 6865

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9542**

Amount of Each Disbursement this Period

2100.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. POSTUP DIGITAL, LLC**

Mailing Address 75 REMITTANCE DR. DEPT 6865

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I9561**

Amount of Each Disbursement this Period

2065.23

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

7256.07

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PRECISION MARKETING, INC.**

Mailing Address P.O. BOX 7670

City  
**ARLINGTON**

State  
**VA**

Zip Code  
**22207**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I9990**

Amount of Each Disbursement this Period

390.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PREFERRED COMMUNICATIONS**

Mailing Address 815 KING ST STE 209

City  
**ALEXANDRIA**

State  
**VA**

Zip Code  
**22314**

Purpose of Disbursement  
**LIST RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9522**

Amount of Each Disbursement this Period

1063.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PREMIERE TRANSPORTATION**

Mailing Address 109 INTERNATIONAL DR. STE 300

City  
**FRANKLIN**

State  
**TN**

Zip Code  
**37067**

Purpose of Disbursement  
**TRANSPORTATION**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8999**

Amount of Each Disbursement this Period

7200.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

8653.38

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. PREMIERE TRANSPORTATION**

Mailing Address 109 INTERNATIONAL DR. STE 300

City FRANKLIN State TN Zip Code 37067

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 26 / 2015

**Transaction ID : SB23.I9286**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PREMIERE TRANSPORTATION**

Mailing Address 109 INTERNATIONAL DR. STE 300

City FRANKLIN State TN Zip Code 37067

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9543**

Amount of Each Disbursement this Period

850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RAW POLITICAL STRATEGIES**

Mailing Address P.O. BOX 2244

City CEDAR PARK State TX Zip Code 78630

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/PER DIEM/LODGING/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8962**

Amount of Each Disbursement this Period

3810.69

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7660.69

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. RAW POLITICAL STRATEGIES

Mailing Address P.O. BOX 2244

City CEDAR PARK State TX Zip Code 78630

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/PER DIEM/GAS/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

Transaction ID : SB23.I9472

Amount of Each Disbursement this Period

3457.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

## B. RAW POLITICAL STRATEGIES

Mailing Address P.O. BOX 2244

City CEDAR PARK State TX Zip Code 78630

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/CAR RENTAL/PER DIEM/GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I9960

Amount of Each Disbursement this Period

4391.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

## C. RED DIGITAL

Mailing Address P.O. BOX 2512

City RESTON State VA Zip Code 20195

Purpose of Disbursement  
WEB ADS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I9060

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

14848.87

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RED DIGITAL**

Mailing Address P.O. BOX 2512

City  
**RESTON**

State  
**VA**

Zip Code  
**20195**

Purpose of Disbursement  
**WEB ADS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I9074**

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RED DIGITAL**

Mailing Address P.O. BOX 2512

City  
**RESTON**

State  
**VA**

Zip Code  
**20195**

Purpose of Disbursement  
**WEB SVC**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9523**

Amount of Each Disbursement this Period

3482.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RED OAK APARTMENT HOMES, INC.**

Mailing Address 289 PINE ST

City  
**MANCHESTER**

State  
**NH**

Zip Code  
**03103**

Purpose of Disbursement  
**RENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8963**

Amount of Each Disbursement this Period

3250.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

26732.79

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RED OAK APARTMENT HOMES, INC.**

Mailing Address 289 PINE ST

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9473**

Amount of Each Disbursement this Period

7250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RED OAK APARTMENT HOMES, INC.**

Mailing Address 289 PINE ST

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9946**

Amount of Each Disbursement this Period

3250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RED ROCK STRATEGIES**

Mailing Address 9500 W FLAMINGO RD STE 203

City LAS VEGAS State NV Zip Code 89147

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/LODGING/CAR RENTAL/PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 27 / 2015

**Transaction ID : SB23.I9295**

Amount of Each Disbursement this Period

16395.89

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

26895.89

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RED ROCK STRATEGIES**

Mailing Address 9500 W FLAMINGO RD STE 203

City  
LAS VEGAS

State  
NV

Zip Code  
89147

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I9562**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RED ROCK STRATEGIES**

Mailing Address 9500 W FLAMINGO RD STE 203

City  
LAS VEGAS

State  
NV

Zip Code  
89147

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9961**

Amount of Each Disbursement this Period

5658.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REINALDO PEREZ TRUST**

Mailing Address 380 ISLA DORADA BLVD

City  
CORAL GABLES

State  
FL

Zip Code  
33143

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8964**

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

20658.31

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. REINALDO PEREZ TRUST**

Mailing Address 380 ISLA DORADA BLVD

City State Zip Code  
CORAL GABLES FL 33143

Purpose of Disbursement  
RENT/UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

Transaction ID : SB23.I9474

Amount of Each Disbursement this Period

7561.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REINALDO PEREZ TRUST**

Mailing Address 380 ISLA DORADA BLVD

City State Zip Code  
CORAL GABLES FL 33143

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB23.I9947

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RESONATE**

Mailing Address 11720 PLAZA AMERICA DR. 3RD FL

City State Zip Code  
RESTON VA 20190

Purpose of Disbursement  
WEB ADS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8981

Amount of Each Disbursement this Period

23000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

37561.74

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. RON GOULD STUDIOS**

Mailing Address 1401 W HURON ST

City  
CHICAGO

State  
IL

Zip Code  
60642

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

**Transaction ID : SB23.I9081**

Amount of Each Disbursement this Period

1525.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. RUNSWITCH, LLC**

Mailing Address 9300 SHELBYVILLE RD STE 1005

City  
LOUISVILLE

State  
KY

Zip Code  
40222

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SB23.I9055**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SARGENT'S INC.**

Mailing Address 2342 OLD NATCHEZ TRACE

City  
FRANKLIN

State  
TN

Zip Code  
37069

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8980**

Amount of Each Disbursement this Period

1220.64

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

12745.64

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SC DEPT OF REVENUE**

Mailing Address 454 ANDERSON RD S #202

City State Zip Code  
ROCK HILL SC 29730

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10182

Amount of Each Disbursement this Period

463.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SC DEPT OF REVENUE**

Mailing Address 454 ANDERSON RD S #202

City State Zip Code  
ROCK HILL SC 29730

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10240

Amount of Each Disbursement this Period

463.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SC DEPT OF REVENUE**

Mailing Address 454 ANDERSON RD S #202

City State Zip Code  
ROCK HILL SC 29730

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9216

Amount of Each Disbursement this Period

488.51

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1414.79

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SC DEPT OF REVENUE**

Mailing Address 454 ANDERSON RD S #202

City State Zip Code  
ROCK HILL SC 29730

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

**Transaction ID : SB23.I9441**

Amount of Each Disbursement this Period

488.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SC DEPT OF REVENUE**

Mailing Address 454 ANDERSON RD S #202

City State Zip Code  
ROCK HILL SC 29730

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9719**

Amount of Each Disbursement this Period

488.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SC DEPT OF REVENUE**

Mailing Address 454 ANDERSON RD S #202

City State Zip Code  
ROCK HILL SC 29730

Purpose of Disbursement  
STATE TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9916**

Amount of Each Disbursement this Period

463.14

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

1440.16

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SCYMCA**

Mailing Address 100 ADAMS MILL RD

City  
**SIMPSONVILLE**

State  
**SC**

Zip Code  
**29681**

Purpose of Disbursement  
**EVENT TICKET**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I9581**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SECRETARY OF THE STATE ELECTION BOARD**

Mailing Address 2100 NW 42 AVE ROOM B-6, STATE CAP

City  
**OKLAHOMA CITY**

State  
**OK**

Zip Code  
**73105**

Purpose of Disbursement  
**BALLOT ACCESS FEE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I9779**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SONIMAX**

Mailing Address 480 PLEASURE DRIVE

City  
**RIVERHEAD**

State  
**NY**

Zip Code  
**11901**

Purpose of Disbursement  
**EQUIPMENT RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8966**

Amount of Each Disbursement this Period

1495.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4295.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHERNMOST STRATEGIES, LLC**

Mailing Address 12868 SW 60 ST

City State Zip Code  
MIAMI FL 33183

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I9000**

Amount of Each Disbursement this Period

4583.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHERNMOST STRATEGIES, LLC**

Mailing Address 12868 SW 60 ST

City State Zip Code  
MIAMI FL 33183

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9475**

Amount of Each Disbursement this Period

4583.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHERNMOST STRATEGIES, LLC**

Mailing Address 12868 SW 60 ST

City State Zip Code  
MIAMI FL 33183

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9962**

Amount of Each Disbursement this Period

4125.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

13291.66

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SOUTHWEST AIRLINES CARGO**

Mailing Address P.O. BOX 97390

City  
DALLAS

State  
TX

Zip Code  
75397

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I10199

Amount of Each Disbursement this Period

398.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST PUBLISHING AND MAILING**

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66615

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I9001

Amount of Each Disbursement this Period

105222.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STARKEY HEARING TECHNOLOGIES**

Mailing Address 6425 FLYING CLOUD DR.

City  
EDEN PRAIRIE

State  
MN

Zip Code  
55343

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9925

Amount of Each Disbursement this Period

10006.77

☐ Memo Item

Subtotal Of Receipts This Page (optional)..... 115627.86

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STATE OF NEW HAMPSHIRE**

Mailing Address 107 N MAIN ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

Transaction ID : SB23.I9525

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STEPHENS, INC.**

Mailing Address 111 CENTER ST

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement  
AIR CHARTER 10/2/2015

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8974

Amount of Each Disbursement this Period

2850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I10007

Amount of Each Disbursement this Period

1576.04

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5426.04

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I10015

Amount of Each Disbursement this Period

395.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

Transaction ID : SB23.I10029

Amount of Each Disbursement this Period

1960.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I10037

Amount of Each Disbursement this Period

658.83

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3014.07

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.I10042

Amount of Each Disbursement this Period

634.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I10053

Amount of Each Disbursement this Period

689.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10190

Amount of Each Disbursement this Period

593.55

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1917.38

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 16 / 2015

Transaction ID : SB23.I10195

Amount of Each Disbursement this Period

1136.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB23.I10201

Amount of Each Disbursement this Period

818.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 18 / 2015

Transaction ID : SB23.I10204

Amount of Each Disbursement this Period

1187.75

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3143.06

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

Transaction ID : SB23.I10212

Amount of Each Disbursement this Period

1526.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

Transaction ID : SB23.I10213

Amount of Each Disbursement this Period

1045.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 23 / 2015

Transaction ID : SB23.I10216

Amount of Each Disbursement this Period

1318.03

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3889.80

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 24 / 2015

Transaction ID : SB23.I10221

Amount of Each Disbursement this Period

436.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 28 / 2015

Transaction ID : SB23.I10224

Amount of Each Disbursement this Period

227.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 29 / 2015

Transaction ID : SB23.I10227

Amount of Each Disbursement this Period

162.37

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

826.89

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 30 / 2015

Transaction ID : SB23.I10229

Amount of Each Disbursement this Period

1114.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10357

Amount of Each Disbursement this Period

709.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I9017

Amount of Each Disbursement this Period

7596.04

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

9419.76

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I9018

Amount of Each Disbursement this Period

10792.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I9053

Amount of Each Disbursement this Period

3337.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I9062

Amount of Each Disbursement this Period

1119.72

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

15249.83

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I9063

Amount of Each Disbursement this Period

3396.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 08 / 2015

Transaction ID : SB23.I9065

Amount of Each Disbursement this Period

904.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I9077

Amount of Each Disbursement this Period

2330.81

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6631.88

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I9084

Amount of Each Disbursement this Period

1404.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I9085

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I9089

Amount of Each Disbursement this Period

1018.40

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2437.98

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9235

Amount of Each Disbursement this Period

5070.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I9240

Amount of Each Disbursement this Period

2972.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I9257

Amount of Each Disbursement this Period

2474.09

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10517.08

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 20 / 2015

Transaction ID : SB23.I9260

Amount of Each Disbursement this Period

2400.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 21 / 2015

Transaction ID : SB23.I9264

Amount of Each Disbursement this Period

6102.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

Transaction ID : SB23.I9277

Amount of Each Disbursement this Period

2140.81

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10643.39

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB23.I9281

Amount of Each Disbursement this Period

1943.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 26 / 2015

Transaction ID : SB23.I9289

Amount of Each Disbursement this Period

1407.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 27 / 2015

Transaction ID : SB23.I9298

Amount of Each Disbursement this Period

1550.74

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4902.10

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 28 / 2015

Transaction ID : SB23.I9303

Amount of Each Disbursement this Period

4299.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

Transaction ID : SB23.I9305

Amount of Each Disbursement this Period

1398.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB23.I9312

Amount of Each Disbursement this Period

3367.07

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

9064.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I9494

Amount of Each Disbursement this Period

1781.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

Transaction ID : SB23.I9495

Amount of Each Disbursement this Period

1.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

Transaction ID : SB23.I9508

Amount of Each Disbursement this Period

1619.27

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3402.31

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

Transaction ID : SB23.I9516

Amount of Each Disbursement this Period

1415.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

Transaction ID : SB23.I9526

Amount of Each Disbursement this Period

1036.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I9546

Amount of Each Disbursement this Period

553.80

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3005.30

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

Transaction ID : SB23.I9547

Amount of Each Disbursement this Period

318.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I9565

Amount of Each Disbursement this Period

335.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

Transaction ID : SB23.I9575

Amount of Each Disbursement this Period

1856.52

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2510.67

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

Transaction ID : SB23.I9705

Amount of Each Disbursement this Period

673.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB23.I9733

Amount of Each Disbursement this Period

2759.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I9736

Amount of Each Disbursement this Period

1116.43

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4549.40

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

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City State Zip Code  
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Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

Transaction ID : SB23.I9739

Amount of Each Disbursement this Period

1528.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I9741

Amount of Each Disbursement this Period

1106.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I9756

Amount of Each Disbursement this Period

737.92

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3372.85

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I9768

Amount of Each Disbursement this Period

1067.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB23.I9778

Amount of Each Disbursement this Period

1003.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I9782

Amount of Each Disbursement this Period

1967.52

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4038.54

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 27 / 2015

**Transaction ID : SB23.I9785**

Amount of Each Disbursement this Period

1517.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9927**

Amount of Each Disbursement this Period

1030.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9929**

Amount of Each Disbursement this Period

635.51

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3183.57

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB23.I9930

Amount of Each Disbursement this Period

3024.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

Transaction ID : SB23.I9980

Amount of Each Disbursement this Period

1966.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I9993

Amount of Each Disbursement this Period

1243.43

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

6234.32

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. SUSAN GAGE CATERERS**

Mailing Address 7100 OLD LANDOVER RD

City  
LANDOVER

State  
MD

Zip Code  
20785

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8967

Amount of Each Disbursement this Period

616.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SYDNEY'S, INC.**

Mailing Address 32 MILL RD

City  
WESTHAMPTON BEACH

State  
NY

Zip Code  
11978

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8940

Amount of Each Disbursement this Period

2010.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TAMPA GARDEN CLUB**

Mailing Address 2629 BAYSHORE BLVD

City  
TAMPA

State  
FL

Zip Code  
33629

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 12 / 2015

Transaction ID : SB23.I9082

Amount of Each Disbursement this Period

735.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3361.90

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TAMPA GARDEN CLUB**

Mailing Address 2629 BAYSHORE BLVD

City Tampa State FL Zip Code 33629

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 27 / 2015

Transaction ID : SB23.I9296

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TARGETED VICTORY LLC**

Mailing Address 1033 N FAIRFAX ST STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

Transaction ID : SB23.I10024

Amount of Each Disbursement this Period

962.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TARGETED VICTORY LLC**

Mailing Address 1033 N FAIRFAX ST STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 16 / 2015

Transaction ID : SB23.I10196

Amount of Each Disbursement this Period

2539.91

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3702.19

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TARGETED VICTORY LLC**

Mailing Address 1033 N FAIRFAX ST STE 400

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I9003**

Amount of Each Disbursement this Period

2519.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. TARGETED VICTORY LLC**

Mailing Address 1033 N FAIRFAX ST STE 400

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I9256**

Amount of Each Disbursement this Period

4592.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. TARGETED VICTORY LLC**

Mailing Address 1033 N FAIRFAX ST STE 400

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9524**

Amount of Each Disbursement this Period

5509.35

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

12622.06

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. TARGETED VICTORY LLC**

Mailing Address 1033 N FAIRFAX ST STE 400

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I9737

Amount of Each Disbursement this Period

4337.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE AUTOVALET**

Mailing Address 11250 OLD ST. AUGUSTINE RD #15

City State Zip Code  
JACKSONVILLE FL 32257

Purpose of Disbursement  
VALET SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB23.I9252

Amount of Each Disbursement this Period

449.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE BELLE HAVEN CLUB**

Mailing Address 100 HARBOR DR.

City State Zip Code  
GREENWICH CT 06830

Purpose of Disbursement  
FACILITY RENTAL/CATERING/SECURITY SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB23.I10035

Amount of Each Disbursement this Period

8879.59

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

13666.86

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE CAMPAIGN SUPER STORE, INC**

Mailing Address 1672 NE 205 TERR

City State Zip Code  
MIAMI FL 33179

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SB23.I9573**

Amount of Each Disbursement this Period

823.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE DUQUESNE CLUB**

Mailing Address P.O. BOX 387

City State Zip Code  
PITTSBURGH PA 15230

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SB23.I9754**

Amount of Each Disbursement this Period

1131.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE FLORIDA BAR**

Mailing Address 651 E JEFFERSON ST

City State Zip Code  
TALLAHASSEE FL 32399

Purpose of Disbursement  
LEGAL FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8982**

Amount of Each Disbursement this Period

1600.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

3555.06

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE GLOBE CAFE & BAR**

Mailing Address 377 ALHAMBRA CIRCLE

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 26 / 2015

Transaction ID : SB23.I9287

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE JOHNSON COMPANY, INC.**

Mailing Address 610 5TH AVE, 2 FL

City State Zip Code  
NEW YORK NY 10020

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8968

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THE JOHNSON COMPANY, INC.**

Mailing Address 610 5TH AVE, 2 FL

City State Zip Code  
NEW YORK NY 10020

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

Transaction ID : SB23.I9476

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

8000.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE JOHNSON COMPANY, INC.**

Mailing Address 610 5TH AVE, 2 FL

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10020**

Purpose of Disbursement  
**RENT**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9948**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. THE YALE CLUB OF NEW YORK CITY**

Mailing Address 50 VANDERBILT AVE

City  
**NEW YORK**

State  
**NY**

Zip Code  
**10017**

Purpose of Disbursement  
**FACILITY RENTAL/CATERING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SB23.I9766**

Amount of Each Disbursement this Period

4673.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. THIERRY ISAMBERT**

Mailing Address 915 NW 72 ST

City  
**MIAMI**

State  
**FL**

Zip Code  
**33150**

Purpose of Disbursement  
**FACILITY RENTAL/FOOD AND BEVERAGE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB23.I10025**

Amount of Each Disbursement this Period

2546.50

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10720.32

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THOMAS GRAPHICS, INC.**

Mailing Address P.O. BOX 142226

City State Zip Code  
**AUSTIN TX 78714**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**10 06 2015**

**Transaction ID : SB23.I9047**

Amount of Each Disbursement this Period

**11582.86**

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. US SAFETY & SECURITY LLC**

Mailing Address 550 M RITCHIE HWY  
SUITE 127

City State Zip Code  
**SEVERNA PARK MD 21146**

Purpose of Disbursement  
**SECURITY SERVICE/LODGING/TAXI FARE/AIRFARE/FOOD AND BEVERAGE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**12 04 2015**

**Transaction ID : SB23.I10003**

Amount of Each Disbursement this Period

**31359.53**

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. US SAFETY & SECURITY LLC**

Mailing Address 550 M RITCHIE HWY  
SUITE 127

City State Zip Code  
**SEVERNA PARK MD 21146**

Purpose of Disbursement  
**SECURITY SERVICE**

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
**10 01 2015**

**Transaction ID : SB23.I8983**

Amount of Each Disbursement this Period

**21457.39**

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

**64399.78**

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. US SAFETY & SECURITY LLC**

Mailing Address 550 M RITCHIE HWY  
SUITE 127

City SEVERNA PARK State MD Zip Code 21146

Purpose of Disbursement  
SECURITY SERVICE/AIRFARE/LODGING/FOOD AND  
BEVERAGE/PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

Transaction ID : SB23.I9564

Amount of Each Disbursement this Period

55865.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB23.I10005

Amount of Each Disbursement this Period

19.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I10014

Amount of Each Disbursement this Period

25.96

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

55910.46

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB23.I10016**

Amount of Each Disbursement this Period

18.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SB23.I10038**

Amount of Each Disbursement this Period

18.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SB23.I10043**

Amount of Each Disbursement this Period

18.69

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

54.91

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB23.I10052

Amount of Each Disbursement this Period

21.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB23.I10189

Amount of Each Disbursement this Period

21.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 16 / 2015

Transaction ID : SB23.I10194

Amount of Each Disbursement this Period

19.86

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

63.08

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 18 / 2015

Transaction ID : SB23.I10205

Amount of Each Disbursement this Period

21.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 22 / 2015

Transaction ID : SB23.I10214

Amount of Each Disbursement this Period

37.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 23 / 2015

Transaction ID : SB23.I10217

Amount of Each Disbursement this Period

20.45

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

79.36

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 24 / 2015

**Transaction ID : SB23.I10220**

Amount of Each Disbursement this Period

18.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 28 / 2015

**Transaction ID : SB23.I10223**

Amount of Each Disbursement this Period

19.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 29 / 2015

**Transaction ID : SB23.I10226**

Amount of Each Disbursement this Period

28.79

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

66.76

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 30 / 2015

Transaction ID : SB23.I10230

Amount of Each Disbursement this Period

19.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB23.I10358

Amount of Each Disbursement this Period

18.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I9006

Amount of Each Disbursement this Period

18.69

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

56.25

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

Transaction ID : SB23.I9019

Amount of Each Disbursement this Period

22.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I9035

Amount of Each Disbursement this Period

34.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB23.I9050

Amount of Each Disbursement this Period

32.90

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

89.75

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB23.I9061

Amount of Each Disbursement this Period

37.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 08 / 2015

Transaction ID : SB23.I9064

Amount of Each Disbursement this Period

21.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB23.I9076

Amount of Each Disbursement this Period

23.37

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

81.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB23.I9087

Amount of Each Disbursement this Period

21.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.I9088

Amount of Each Disbursement this Period

85.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9234

Amount of Each Disbursement this Period

21.03

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

127.90

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I9248**

Amount of Each Disbursement this Period

99.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I9255**

Amount of Each Disbursement this Period

39.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 20 / 2015

**Transaction ID : SB23.I9259**

Amount of Each Disbursement this Period

46.14

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

185.34

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 21 / 2015

**Transaction ID : SB23.I9263**

Amount of Each Disbursement this Period

34.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9276**

Amount of Each Disbursement this Period

22.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB23.I9280**

Amount of Each Disbursement this Period

22.20

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

79.05

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 26 / 2015

**Transaction ID : SB23.I9288**

Amount of Each Disbursement this Period

27.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 27 / 2015

**Transaction ID : SB23.I9290**

Amount of Each Disbursement this Period

26.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SB23.I9302**

Amount of Each Disbursement this Period

33.88

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

87.45

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5378 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB23.I9304**

Amount of Each Disbursement this Period

21.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB23.I9311**

Amount of Each Disbursement this Period

18.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 02 / 2015

**Transaction ID : SB23.I9496**

Amount of Each Disbursement this Period

10.51

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

50.23

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 03 / 2015

**Transaction ID : SB23.I9509**

Amount of Each Disbursement this Period

31.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 04 / 2015

**Transaction ID : SB23.I9510**

Amount of Each Disbursement this Period

18.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9527**

Amount of Each Disbursement this Period

19.28

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

68.93

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9548**

Amount of Each Disbursement this Period

21.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SB23.I9554**

Amount of Each Disbursement this Period

22.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I9566**

Amount of Each Disbursement this Period

25.62

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

69.43

**Total This Period** (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I9576**

Amount of Each Disbursement this Period

3.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9724**

Amount of Each Disbursement this Period

34.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SB23.I9732**

Amount of Each Disbursement this Period

32.80

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

70.44

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB23.I9735

Amount of Each Disbursement this Period

27.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2015

Transaction ID : SB23.I9740

Amount of Each Disbursement this Period

19.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB23.I9742

Amount of Each Disbursement this Period

18.11

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

65.35

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5383 / 5419

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB23.I9757

Amount of Each Disbursement this Period

20.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 23 / 2015

Transaction ID : SB23.I9767

Amount of Each Disbursement this Period

22.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

Transaction ID : SB23.I9781

Amount of Each Disbursement this Period

19.28

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

62.51

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I9784**

Amount of Each Disbursement this Period

25.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 27 / 2015

**Transaction ID : SB23.I9786**

Amount of Each Disbursement this Period

19.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SB23.I9917**

Amount of Each Disbursement this Period

28.62

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

73.02

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9968**

Amount of Each Disbursement this Period

29.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I9978**

Amount of Each Disbursement this Period

18.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SB23.I9981**

Amount of Each Disbursement this Period

18.69

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

66.59

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I9992

Amount of Each Disbursement this Period

21.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VA DEPARTMENT OF REVENUE**

Mailing Address 1957 WESTMORELAND ST

City  
RICHMOND

State  
VA

Zip Code  
23230

Purpose of Disbursement  
STATE TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9226

Amount of Each Disbursement this Period

521.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. VA DEPARTMENT OF REVENUE**

Mailing Address 1957 WESTMORELAND ST

City  
RICHMOND

State  
VA

Zip Code  
23230

Purpose of Disbursement  
STATE TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB23.I9451

Amount of Each Disbursement this Period

521.15

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1063.33

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. VERVEMAIL**

Mailing Address 5348 VEGAS DR. STE 289

City  
LAS VEGAS

State  
NV

Zip Code  
89108

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 09 / 2015

Transaction ID : SB23.I10026

Amount of Each Disbursement this Period

1712.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VIP VALET SERVICES, INC**

Mailing Address P.O. BOX 6014

City  
ELGIN

State  
IL

Zip Code  
60121

Purpose of Disbursement  
VALET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB23.I9238

Amount of Each Disbursement this Period

1268.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. W.W. TICHENOR & CO., INC.**

Mailing Address 45 NE LOOP 410 STE 265

City  
SAN ANTONIO

State  
TX

Zip Code  
78216

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

Transaction ID : SB23.I9246

Amount of Each Disbursement this Period

351.86

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3332.55

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. W.W. TICHENOR & CO., INC.**

Mailing Address 45 NE LOOP 410 STE 265

City State Zip Code  
SAN ANTONIO TX 78216

Purpose of Disbursement  
AIR CHARTER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9270**

Amount of Each Disbursement this Period

10855.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WASHOE COUNTY REGIONALPARKS**

Mailing Address 1001 E 9 ST

City State Zip Code  
RENO NV 89512

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I9254**

Amount of Each Disbursement this Period

620.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WILAND, INC.**

Mailing Address P.O. BOX 174480

City State Zip Code  
DENVER CO 80217

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8969**

Amount of Each Disbursement this Period

3365.43

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

14840.43

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WILEY REIN, LLP**

Mailing Address 1776 K ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8975**

Amount of Each Disbursement this Period

42226.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WILEY REIN, LLP**

Mailing Address 1776 K ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I9582**

Amount of Each Disbursement this Period

75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WILMERHALE**

Mailing Address 1875 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9711**

Amount of Each Disbursement this Period

475.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

117701.79

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WISECUP CONSULTING, LLC**

Mailing Address 1772 WASHINGTON BLVD

City BIRMINGHAM State MI Zip Code 48009

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 28 / 2015

Transaction ID : SB23.I10225

Amount of Each Disbursement this Period

17250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WISECUP CONSULTING, LLC**

Mailing Address 1772 WASHINGTON BLVD

City BIRMINGHAM State MI Zip Code 48009

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I9024

Amount of Each Disbursement this Period

19166.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WISECUP CONSULTING, LLC**

Mailing Address 1772 WASHINGTON BLVD

City BIRMINGHAM State MI Zip Code 48009

Purpose of Disbursement  
LODGING/TAXI FARE/PER DIEM

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.I9034

Amount of Each Disbursement this Period

1769.78

☐ Memo Item

Subtotal Of Receipts This Page (optional)..... 38186.44

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. WISECUP CONSULTING, LLC**

Mailing Address 1772 WASHINGTON BLVD

City BIRMINGHAM State MI Zip Code 48009

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB23.I9972**

Amount of Each Disbursement this Period

17250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WORLD FAMOUS PRODUCTIONS**

Mailing Address 133 S 10 AVE

City BRIGHTON State CO Zip Code 80601

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9272**

Amount of Each Disbursement this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. WORLD FAMOUS PRODUCTIONS**

Mailing Address 133 S 10 AVE

City BRIGHTON State CO Zip Code 80601

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9273**

Amount of Each Disbursement this Period

900.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

18850.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. Y2 ANALYTICS**

Mailing Address 60 S 600 EAST STE 250

City SALT LAKE CITY State UT Zip Code 84102

Purpose of Disbursement  
MICROTARGETING CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I9005**

Amount of Each Disbursement this Period

13750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Y2 ANALYTICS**

Mailing Address 60 S 600 EAST STE 250

City SALT LAKE CITY State UT Zip Code 84102

Purpose of Disbursement  
MICROTARGETING CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9544**

Amount of Each Disbursement this Period

13750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. YUMA SOLUTIONS**

Mailing Address 601 S FREMONT AVE

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
COMPUTER SUPPORT/COMPUTER EQUIPMENT/MILEAGE  
REIMBURSEMENT/LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB23.I9086**

Amount of Each Disbursement this Period

61593.44

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

89093.44

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. YUMA SOLUTIONS**

Mailing Address 601 S FREMONT AVE

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
COMPUTER EQUIPMENT/LODGING/MILEAGE REIMBURSEMENT/FOOD  
AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 09 / 2015

Transaction ID : SB23.I9551

Amount of Each Disbursement this Period

2335.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. YUMA SOLUTIONS**

Mailing Address 601 S FREMONT AVE

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 11 / 2015

Transaction ID : SB23.I9574

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NAW POLITICAL ACTION COMMITTEE**

Mailing Address 1325 G ST NW #1000

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FACILITY RENTAL/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB23.I10001

Amount of Each Disbursement this Period

12.93

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

17347.97

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NAW POLITICAL ACTION COMMITTEE**

Mailing Address 1325 G ST NW #1000

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
FACILITY RENTAL/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SB23.I10051**

Amount of Each Disbursement this Period

26.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NAW POLITICAL ACTION COMMITTEE**

Mailing Address 1325 G ST NW #1000

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
FACILITY RENTAL/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23.I9072**

Amount of Each Disbursement this Period

35.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NAW POLITICAL ACTION COMMITTEE**

Mailing Address 1325 G ST NW #1000

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
FACILITY RENTAL/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9268**

Amount of Each Disbursement this Period

17.93

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

80.63

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NAW POLITICAL ACTION COMMITTEE**

Mailing Address 1325 G ST NW #1000

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
FACILITY RENTAL/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SB23.I9271**

Amount of Each Disbursement this Period

10.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NAW POLITICAL ACTION COMMITTEE**

Mailing Address 1325 G ST NW #1000

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
FACILITY RENTAL/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB23.I9541**

Amount of Each Disbursement this Period

24.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. NAW POLITICAL ACTION COMMITTEE**

Mailing Address 1325 G ST NW #1000

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
FACILITY RENTAL/FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SB23.I9710**

Amount of Each Disbursement this Period

35.33

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

70.69

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. ALABAMA REPUBLICAN PARTY**

Mailing Address 3505 LORNA RD

City BIRMINGHAM State AL Zip Code 35216

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB23.I8976

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. ALASKA REPUBLICAN PARTY**

Mailing Address 1001 W FIREWEED LN

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 21 / 2015

Transaction ID : SB23.I9261

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DC REPUBLICAN PARTY**

Mailing Address 1275 K ST NW #102

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB23.I10010

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

20000.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. HAWAII REPUBLICAN PARTY**

Mailing Address 725 KAPIOLANI BLVD STE C-105

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SB23.I9242**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. INDIANA REPUBLICAN STATE COMMITTEE**

Mailing Address 101 W OHIO ST STE 2200

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8951**

Amount of Each Disbursement this Period

1270.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. INDIANA REPUBLICAN STATE COMMITTEE**

Mailing Address 101 W OHIO ST STE 2200

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SB23.I9467**

Amount of Each Disbursement this Period

1270.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7540.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. INDIANA REPUBLICAN STATE COMMITTEE**

Mailing Address 101 W OHIO ST STE 2200

City  
INDIANAPOLIS

State  
IN

Zip Code  
46204

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SB23.I9941**

Amount of Each Disbursement this Period

1270.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. KANSAS REPUBLICAN PARTY**

Mailing Address 2605 W 21 ST

City  
TOPEKA

State  
KS

Zip Code  
66604

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I9012**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MAINE REPUBLICAN PARTY**

Mailing Address 9 HIGGINS ST

City  
AUGUSTA

State  
ME

Zip Code  
04330

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB23.I9013**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

26270.00

**Total This Period** (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. MISSOURI REPUBLICAN PARTY**

Mailing Address 105 E HIGH

City State Zip Code  
JEFFERSON CITY MO 65102

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SB23.I9518**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. NEVADA REPUBLICAN PARTY**

Mailing Address P.O. BOX 95125

City State Zip Code  
LAS VEGAS NV 89193

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB23.I8978**

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REP. PARTY OF THE U.S. VIRGIN ISLANDS**

Mailing Address P.O. BOX 295

City State Zip Code  
CHRISTIANSTED VI 00821

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SB23.I9563**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

17000.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. REP. PTY. OF THE N. MARIANA ISLANDS ASS'N**

Mailing Address P.O. BOX 502825

City State Zip Code  
SAIPAN MP 96950

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB23.I9783**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REPUBLICAN PARTY OF ARKANSAS**

Mailing Address 1201 W 6TH ST

City State Zip Code  
LITTLE ROCK AR 72201

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 27 / 2015

**Transaction ID : SB23.I9297**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REPUBLICAN PARTY OF TEXAS**

Mailing Address P.O. BOX 2206

City State Zip Code  
AUSTIN TX 78768

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 12 / 2015

**Transaction ID : SB23.I9580**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

37500.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. THE REPUBLICAN PARTY OF IOWA**

Mailing Address 621 E 9 ST

City  
DES MOINES

State  
IA

Zip Code  
50309

Purpose of Disbursement  
EVENT TICKET

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.I9253**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UTAH REPUBLICAN PARTY**

Mailing Address 117 E SOUTH TEMPLE ST

City  
SALT LAKE CITY

State  
UT

Zip Code  
84111

Purpose of Disbursement  
BALLOT ACCESS FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SB23.I9776**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

8500.00

**Total This Period** (last page this line number only).....

9744915.73

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

**A. WILLIAM H. CLARK**

Mailing Address 3716 MAPLEWOOD AVE

City DALLAS State TX Zip Code 75205

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : SB28A.I10027**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LINDA COWDEN**

Mailing Address 5 LAKES DR.

City MIDLAND State TX Zip Code 79705

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SB28A.I10186**

Amount of Each Disbursement this Period

4600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LAWRENCE J. DANNA**

Mailing Address 7875 CYPRESS ST

City WEST MONROE State LA Zip Code 71291

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : SB28A.I9558**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

8300.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. JEFFREY FRIEDEN**

Mailing Address 135 EMERALD BAY

City  
LAGUNA BEACH

State  
CA

Zip Code  
92651

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SB28A.I9763**

Amount of Each Disbursement this Period

5400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LARRY C. GLASSCOCK**

Mailing Address 7837 MORNINGSIDEN LN

City  
INDIANAPOLIS

State  
IN

Zip Code  
46240

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 11 / 13 / 2015

**Transaction ID : SB28A.I9708**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LEE ANN GLASSCOCK**

Mailing Address 7837 MORNINGSIDEN LN

City  
INDIANAPOLIS

State  
IN

Zip Code  
46240

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 11 / 13 / 2015

**Transaction ID : SB28A.I9709**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

10800.00

**Total This Period (last page this line number only)**.....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23   ☐ 24   ☐ 25   ☐ 26   ☐ 27a  
☐ 27b   ☒ 28a   ☐ 28b   ☐ 28c   ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## A. DEBORAH HOHLT

Mailing Address 7901 KENT RD

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

Transaction ID : SB28A.I10011

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## B. RICHARD HOHLT

Mailing Address 7901 KENT RD

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

Transaction ID : SB28A.I10012

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## C. GLENN MILLER

Mailing Address 5147 ISLEWORTH COUNTRY CLUB DR.

City WINDERMERE State FL Zip Code 34786

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2015

Transaction ID : SB28A.I9267

Amount of Each Disbursement this Period

2300.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7700.00

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5405 / 5419

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. NILDA R. PEDROSA**

Mailing Address 6640 SW 122 ST

City State Zip Code  
PINECREST FL 33146

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB28A.I9744

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LONNIE PILGRIM**

Mailing Address 800 GREER BLVD

City State Zip Code  
PITTSBURG TX 75686

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB28A.I9044

Amount of Each Disbursement this Period

4200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. KHOSROW SEMNANI**

Mailing Address 5905 S OAKHILL DR.

City State Zip Code  
SALT LAKE CITY UT 84121

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2015

Transaction ID : SB28A.I9007

Amount of Each Disbursement this Period

4600.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

9300.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

Full Name (Last, First, Middle Initial)

## **A. FORREST W. SIMMONS**

Mailing Address 2351 NW WESTOVER RD, UNIT 904

City  
**PORTLAND**

State  
**OR**

Zip Code  
**97210**

Purpose of Disbursement  
**CONTRIBUTION REFUND**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SB28A.I10206**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CARVER, DARDEN, KORETZKY, TESSIER, FINN,**

Mailing Address 1100 POYDRAS ST STE 3100

City  
**NEW ORLEANS**

State  
**LA**

Zip Code  
**70163**

Purpose of Disbursement  
**CONTRIBUTION REFUND**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 27 / 2015

**Transaction ID : SB28A.I10222**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

5400.00

**Total This Period (last page this line number only)**.....

41500.00

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5407 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CARTER BUNDY**

Nature of Debt (Purpose):

EVENT PLANNING  
CONSULTING/LOGISTICS CONS

Mailing Address 1832 W HOUSTONIA AVE

City State

ROYAL OAK

Zip Code

MI

48703

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD12.4

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ERIN FINLEY**

Nature of Debt (Purpose):

CATERING

Mailing Address 32 MILL RD

City State

WESTHAMPTON BEACH

Zip Code

NY

11978

Outstanding Balance Beginning This Period

1725.00

Transaction ID : SD12.10

Amount Incurred This Period

0.00

Payment This Period

1725.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**PETER G. FLAHERTY II**

Nature of Debt (Purpose):

POLITICAL STRATEGY CONSULTING

Mailing Address 5956 SHERRY LN STE 1700

City

DALLAS

State

TX

Zip Code

75225

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD12.20

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

0.00

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5408 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**30 POINT STRATEGIES**Nature of Debt (Purpose):  
**COMMUNICATIONS CONSULTING**Mailing Address **7315 WISCONSIN AVE STE 606E**City State  
**BETHESDA**Zip Code  
**MD 20814**

Outstanding Balance Beginning This Period

**7500.00**Transaction ID : **SD12.1**

Amount Incurred This Period

**0.00**

Payment This Period

**7500.00**

Outstanding Balance at Close of This Period

**0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ADVICTORY, LLC**Nature of Debt (Purpose):  
**WEB ADS**Mailing Address **190 MONROE AVE STE 500**City State  
**GRAND RAPIDS**Zip Code  
**MI 49503**

Outstanding Balance Beginning This Period

**1056.61**Transaction ID : **SD12.2**

Amount Incurred This Period

**0.00**

Payment This Period

**1056.61**

Outstanding Balance at Close of This Period

**0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AXIS RESEARCH, INC.**Nature of Debt (Purpose):  
**RESEARCH CONSULTING**Mailing Address **107 S WEST ST, PMB 148**City  
**ALEXANDRIA**State Zip Code  
**VA 22314**

Outstanding Balance Beginning This Period

**8000.00**Transaction ID : **SD12.3**

Amount Incurred This Period

**0.00**

Payment This Period

**8000.00**

Outstanding Balance at Close of This Period

**0.00**

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**0.00**

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CONNELL DONATELLI, INC.**Nature of Debt (Purpose):  
**WEB SVC**Mailing Address **P.O. BOX 1877**City State  
**ALEXANDRIA**Zip Code  
**VA 22313**

Outstanding Balance Beginning This Period

**2341.34**Transaction ID : **SD12.5**

Amount Incurred This Period

**0.00**

Payment This Period

**2341.34**

Outstanding Balance at Close of This Period

**0.00**B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CONSERVATIVE CONNECTOR, LLC**Nature of Debt (Purpose):  
**LIST RENTAL**Mailing Address **PO BOX 952**City State  
**GRANDVILLE**Zip Code  
**MI 49468**

Outstanding Balance Beginning This Period

**15875.00**Transaction ID : **SD12.6**

Amount Incurred This Period

**0.00**

Payment This Period

**15875.00**

Outstanding Balance at Close of This Period

**0.00**C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DOT THE I**Nature of Debt (Purpose):  
**DESIGN CONSULTING**Mailing Address **2825 GLENDALE RD**City State  
**CHARLOTTE**Zip Code  
**NC 28209**

Outstanding Balance Beginning This Period

**2250.00**Transaction ID : **SD12.7**

Amount Incurred This Period

**0.00**

Payment This Period

**2250.00**

Outstanding Balance at Close of This Period

**0.00**

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

<b>0.00</b>

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5410 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ECHELON INSIGHTS**Nature of Debt (Purpose):  
**SUBSCRIPTION**Mailing Address **814 KING ST STE 410**City State  
**ALEXANDRIA**Zip Code  
**VA 22314**

Outstanding Balance Beginning This Period

**15000.00**Transaction ID : **SD12.8**

Amount Incurred This Period

**0.00**

Payment This Period

**15000.00**

Outstanding Balance at Close of This Period

**0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ELECTION CONNECTIONS**Nature of Debt (Purpose):  
**TELECONFERENCING SERVICE**Mailing Address **P.O. BOX 10866**City State  
**TALLAHASSEE**Zip Code  
**FL 32302**

Outstanding Balance Beginning This Period

**28974.60**Transaction ID : **SD12.9**

Amount Incurred This Period

**0.00**

Payment This Period

**28974.60**

Outstanding Balance at Close of This Period

**0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ELECTION CONNECTIONS**Nature of Debt (Purpose):  
**TELECONFERENCING SERVICE**Mailing Address **P.O. BOX 10866**City  
**TALLAHASSEE**State Zip Code  
**FL 32302**

Outstanding Balance Beginning This Period

**0.00**Transaction ID : **SD12.34**

Amount Incurred This Period

**32486.28**

Payment This Period

**0.00**

Outstanding Balance at Close of This Period

**32486.28**

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**32486.28**

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5411 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FAIRFIELD PROTECTIVE SERVICES, INC.**Nature of Debt (Purpose):  
**VALET SERVICE**Mailing Address **P.O. BOX 1493**City State  
**SOUTHAMPTON**Zip Code  
**NY 11969**

Outstanding Balance Beginning This Period

**1954.15**Transaction ID : **SD12.11**

Amount Incurred This Period

**0.00**

Payment This Period

**1954.15**

Outstanding Balance at Close of This Period

**0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FENTON-ESPINOSA TRANSLATIONS**Nature of Debt (Purpose):  
**TRANSLATION FEE**Mailing Address **1006 GENOA ST**City State  
**CORAL GABLES**Zip Code  
**FL 33134**

Outstanding Balance Beginning This Period

**1948.32**Transaction ID : **SD12.12**

Amount Incurred This Period

**0.00**

Payment This Period

**1948.32**

Outstanding Balance at Close of This Period

**0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**GREEN ROOM SPEAKERS**Nature of Debt (Purpose):  
**COMMUNICATIONS CONSULTING**Mailing Address **7809 MORNINGSIDE DR NW**City State  
**WASHINGTON**Zip Code  
**DC 20012**

Outstanding Balance Beginning This Period

**2000.00**Transaction ID : **SD12.13**

Amount Incurred This Period

**0.00**

Payment This Period

**2000.00**

Outstanding Balance at Close of This Period

**0.00**

- 1) **SUBTOTALS** This Period This Page (optional) .....
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- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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<b>0.00</b>

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5412 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**HYNES COMMUNICATIONS, LLC**Nature of Debt (Purpose):  
**COMMUNICATIONS CONSULTING**Mailing Address **121 BOW ST STE 6**City State Zip Code  
**PORTSMOUTH NH 03801**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.14**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**INTUITIVE VISUAL COMMUNICATIONS, INC.**Nature of Debt (Purpose):  
**SOUND/LIGHTING/STAGING**Mailing Address **136 LIBERTY ST**City State Zip Code  
**SANTA CRUZ CA 95060**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.15**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**INTUITIVE VISUAL COMMUNICATIONS, INC.**Nature of Debt (Purpose):  
**EQUIPMENT RENTAL**Mailing Address **9855 CORTINO WAY**City State Zip Code  
**ELK GROVE CA 95757**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.37**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5413 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**IOWA FAITH & FREEDOM COALITION**Nature of Debt (Purpose):  
**FACILITY RENTAL**Mailing Address **939 OFFICE PARK RD STE 115**City State Zip Code  
**WEST DES MOINES IA 50265**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.16**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**JAMES FOSTER & ASSOCIATES, INC.**Nature of Debt (Purpose):  
**PRINTING**Mailing Address **5805 CLUB OAKS PLAZA**City State Zip Code  
**DALLAS TX 75248**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.36**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**JONATHAN CLUB**Nature of Debt (Purpose):  
**FACILITY RENTAL/CATERING**Mailing Address **545 S FIGUEROA ST**City State Zip Code  
**LOS ANGELES CA 90071**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.32**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
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PAGE 5414 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MDI IMAGING & MAIL**Nature of Debt (Purpose):  
**PRINTING**

Mailing Address 21955 CASCADES PKWY

City State  
DULLESZip Code  
VA 20166

Outstanding Balance Beginning This Period

3813.29

Transaction ID : SD12.17

Amount Incurred This Period

0.00

Payment This Period

3813.29

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MITTERA GROUP**Nature of Debt (Purpose):  
**INTERNET CONSULTING/COLLATERAL  
MATERIAL**

Mailing Address PO BOX 310471

City State  
DES MOINESZip Code  
IA 50331

Outstanding Balance Beginning This Period

17412.25

Transaction ID : SD12.18

Amount Incurred This Period

0.00

Payment This Period

17412.25

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**OTOW GOLF CLUB, INC**Nature of Debt (Purpose):  
**FACILITY RENTAL**

Mailing Address 8395 SW 80 ST

City  
OCALAState Zip Code  
FL 34481

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD12.33

Amount Incurred This Period

1134.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1134.00

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

1134.00

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
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PAGE 5415 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**PARK CITY CLUB**

Nature of Debt (Purpose):

FACILITY RENTAL/CATERING

Mailing Address 1574 N BATAVIA ST#1

City State  
ORANGEZip Code  
CA 92867

Outstanding Balance Beginning This Period

2252.74

Transaction ID : SD12.19

Amount Incurred This Period

0.00

Payment This Period

2252.74

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**PREMIERE TRANSPORTATION**

Nature of Debt (Purpose):

TRANSPORTATION

Mailing Address 109 INTERNATIONAL DR STE 300

City State  
FRANKLINZip Code  
TN 37067

Outstanding Balance Beginning This Period

7200.00

Transaction ID : SD12.21

Amount Incurred This Period

0.00

Payment This Period

7200.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RESONATE**

Nature of Debt (Purpose):

WEB ADVERTISING

Mailing Address 11720 PLAZA AMERICA DR 3RD FL

City State Zip Code  
RESTON VA 20190

Outstanding Balance Beginning This Period

23000.00

Transaction ID : SD12.22

Amount Incurred This Period

0.00

Payment This Period

23000.00

Outstanding Balance at Close of This Period

0.00

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

0.00

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5416 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SARGENT'S INC.**Nature of Debt (Purpose):  
**CATERING**Mailing Address **2342 OLD NATCHEZ TRACE**City State Zip Code  
**FRANKLIN TN 37069**

Outstanding Balance Beginning This Period

**1220.64**Transaction ID : **SD12.23**

Amount Incurred This Period

**0.00**

Payment This Period

**1220.64**

Outstanding Balance at Close of This Period

**0.00**B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SONIMAX**Nature of Debt (Purpose):  
**SOUND/LIGHTING/STAGING**Mailing Address **480 PLEASURE DRIVE**City State Zip Code  
**RIVERHEAD NY 11901**

Outstanding Balance Beginning This Period

**1495.00**Transaction ID : **SD12.24**

Amount Incurred This Period

**0.00**

Payment This Period

**1495.00**

Outstanding Balance at Close of This Period

**0.00**C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SOUTHWEST PUBLISHING AND MAILING**Nature of Debt (Purpose):  
**PRINTING/POSTAGE**Mailing Address **2600 NW TOPEKA BLVD**City State Zip Code  
**TOPEKA KS 66615**

Outstanding Balance Beginning This Period

**105222.90**Transaction ID : **SD12.25**

Amount Incurred This Period

**0.00**

Payment This Period

**105222.90**

Outstanding Balance at Close of This Period

**0.00**

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**0.00**

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
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PAGE 5417 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SYDNEY'S, INC.**Nature of Debt (Purpose):  
**CATERING**Mailing Address **32 MILL RD**City State Zip Code  
**WESTHAMPTON BEACH NY 11978**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.26**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**TARGETED VICTORY LLC**Nature of Debt (Purpose):  
**WEB SVC**Mailing Address **1033 N FAIRFAX ST STE 400**City State Zip Code  
**ALEXANDRIA VA 22314**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.27**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**US SAFETY & SECURITY, LLC**Nature of Debt (Purpose):  
**SECURITY SERVICE**Mailing Address **550 M RITCHIE HWY STE 127**City State Zip Code  
**SEVERNA PARK MD 21146**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.28**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
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numbered line)

PAGE 5418 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**US SAFETY & SECURITY, LLC**Nature of Debt (Purpose):  
**SECURITY SERVICE**Mailing Address **550 M RITCHIE HWY STE 127**

City State

**SEVERNA PARK**

Zip Code

**MD****21146**

Outstanding Balance Beginning This Period

**0.00**Transaction ID : **SD12.31**

Amount Incurred This Period

**16706.83**

Payment This Period

**0.00**

Outstanding Balance at Close of This Period

**16706.83**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WILAND, INC.**Nature of Debt (Purpose):  
**LIST RENTAL**Mailing Address **P.O. BOX 174480**

City State

**DENVER**

Zip Code

**CO****80217**

Outstanding Balance Beginning This Period

**3365.43**Transaction ID : **SD12.29**

Amount Incurred This Period

**0.00**

Payment This Period

**3365.43**

Outstanding Balance at Close of This Period

**0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WILEY REIN, LLP**Nature of Debt (Purpose):  
**LEGAL CONSULTING**Mailing Address **1776 K ST NW**

City State

**WASHINGTON**

Zip Code

**DC****20006**

Outstanding Balance Beginning This Period

**42226.79**Transaction ID : **SD12.30**

Amount Incurred This Period

**0.00**

Payment This Period

**42226.79**

Outstanding Balance at Close of This Period

**0.00**

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**16706.83**

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
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for each  
numbered line)

PAGE 5419 / 5419

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
**JEB 2016, INC.**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**YUMA SOLUTIONS**Nature of Debt (Purpose):  
**COMPUTER EQUIPMENT/OFFICE  
EQUIPMENT**Mailing Address **601 S FREMONT AVE**City  
**TAMPA**

State

Zip Code  
**FL****33606**

Outstanding Balance Beginning This Period

**0.00**Transaction ID : **SD12.35**

Amount Incurred This Period

**27190.09**

Payment This Period

**0.00**

Outstanding Balance at Close of This Period

**27190.09**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....**27190.09**2) **TOTALS** This Period (last page this line number only) .....**155989.19**3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**0.00**4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....**155989.19**